

**COUNTY OF SANTA BARBARA
OFFICE OF AGRICULTURAL COMMISSIONER
SANTA BARBARA SANTA MARIA LOMPOC SOLVANG CARPINTERIA**

METHYL BROMIDE WORK SITE PLAN FOR SOIL FUMIGATION

Only Santa Barbara County forms are to be used to prepare your Work Site Plan for methyl bromide fumigations. You must fill in all applicable spaces and submit a map showing all fumigation blocks, buffer zones and surrounding areas at least 300' beyond the OBZ. If information is omitted, the Work Site Plan will be denied. The Work Site Plan must be submitted, verified and approved prior to obtaining a permit. If you require help in completing this form, please contact your local office for an appointment.

Property Operator:			Permit Number:			
Property Operator Address:			Phone Number:			
Onsite Contact:			Onsite Contact Cell Phone:			
Fumigation Site Location						
Pest Control Business/Address:			Phone:			
Methyl Bromide Formulation:	Application Rate	# of Active Ingredient	Method	Emission Ratio:	Emission Rate:	
Type of Tarp	Earliest Fumigation Date	Latest Fumigation Date				
Description of Activities in Buffer Zones IBZ= transit and handling activities			OBZ= cultural work of not more than 12 hrs.			
Method of Notification: Flyer		Buffer Zone Duration:	Restricted Entry Interval:			

Please summarize your fumigation

Date	Time	Site ID	Isolated?	Acres	OBZ Distance	IBZ Distance	Buffer zone expiration

Submitted by: _____ Date: _____

Received by: _____ Date: _____ Verified by _____ approved denied

Buffer Zone Distance and Duration Calculations

Buffer zones must be calculated using this worksheet and become a condition of the permit. Written permission is required when your buffer zones extend onto adjoining land. Buffer zones shall not extend onto properties that contain schools, hospitals, convalescence centers, daycare centers or other sensitive sites designated by the Commissioner. When the Outer Buffer Zone is within 300 feet of a school property line, the fumigation injection must be completed no less than 36 hours prior to the start of scheduled classes. In no instance shall the inner buffer zone be less than 30 feet or the outer buffer zone be less than 60 feet.

The inner buffer zone (**IBZ**) and the outer buffer zone (**OBZ**) are determined by which application method is used, the rate per acre of MBr, the formulation and the number of acres fumigated. The IBZ is the area surrounding an application block in which activities are restricted to methyl bromide handling and transit for a period of time following fumigation. The IBZ may only extend onto other agricultural property. The OBZ is the area surrounding an application block in which activities are restricted to 12 hours. The OBZ may extend onto other property only if there are no occupied structures, schools, hospitals, convalescence centers, day care centers or other sites as designated by the Commissioner.

In all situations, the buffer zones are measured from the application edge to the edge of the adjoining property line. If the adjoining property operators do not give their permission for your buffer zone to extend onto their property, then the application must be amended so that the buffer zones will lie outside of the adjoining property lines.

Buffer zone distances are calculated by determining if the block to be fumigated is isolated or non-isolated and by calculating the emission rate and applying this rate to Tables 2, 3, or 4. A block is isolated when it is either more than 1300 feet from another block or the injection starts 36 hours (or after) from the end of injection of another block located within the 1300 foot distance.

For isolated blocks:

Look up the emission ratio listed in **Table 1** and calculate the active ingredient rate per acre (total pounds per acre x % methyl bromide). The emission rate = emission ratio x active ingredient application rate. To determine the outer buffer zone look up the intersection of the appropriate emission rate and acreage in **Table 2 or 3**. The inner buffer zone is where the emission rate and the acreage intersect in **Table 4**. When an exact emission rate is not listed on the table, round up to the nearest number.

(Rate/acre) x (% Active Ingredient) = (rate AI/acre) x (emission ratio assigned to method) = emission rate

_____ x _____ = _____ x _____ = _____

Look up intersection of the emission rate and the acreage on Table 2,3, or 4.

For non-isolated blocks:

The emission ratio for multiple blocks fumigated sequentially is calculated by following the steps above to determine the emission rate for each block. Then calculate the aggregate acreage by adding the acreage of the block under consideration and the largest block either already fumigated or about to be fumigated, **whichever is greater**. Follow as above.

Buffer Zone Duration

Buffer Zone Duration: Buffer zone durations are determined by the application method, rate per acre, and the number of acres fumigated. Use the appropriate intersection area on **Table 5C**.

Buffer Zones duration _____

INITIAL NOTIFICATION & PERMISSION SLIP LOG FOR _____

(fumigating property operator)

Submit to Ag Commissioner with Worksite Plan

You must give Initial Notification that a methyl bromide permit has been or will be issued to surrounding properties that contain an occupied structure when the property line is within 300 feet of the outer buffer zone of your fumigation. The Initial Notification must be given at least 7 days prior to submitting a Notice of Intent and becomes a condition of your permit. Please list the properties that received this notification. Please also list the properties or persons from whom you will need permission slips or vacating agreements.

Proposed Fumigant Injection: Date _____ Time _____

Map Number	Surrounding Property Address or Location or Description of Property	Date of Initial Notification	Initial Notification Only	List of Required Buffer Zone Permission Slips or Vacating Agreements
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
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			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating
			<input type="checkbox"/>	<input type="checkbox"/> IBZ <input type="checkbox"/> OBZ <input type="checkbox"/> Vacating

(attach additional sheet if necessary)

Permission for Methyl Bromide Buffer Zone to Extend onto Adjacent Property

INNER BUFFER ZONE The inner buffer zone may only extend into adjoining property if the adjoining property is agricultural. I give my permission for the **INNER** buffer zone of _____ (fumigating permittee) fumigation to extend onto my property.

I agree to:

1. Allow signs to be posted on my property every 100 feet.
2. Be responsible to keep my employees and those of contractors I hire out of the buffer zone that is on my property for the duration of the buffer zone. I will notify any employees who are working on the site that a buffer zone has been established on the property, and will inform them of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone. I understand that this includes my employees, employees of licensed pest control businesses, and employees of farm labor contractors. I understand that the notification to a farm labor contractor's employees can be done by giving a written notice to the farm labor contractor who must then give the notice to their employees. I will provide this notice before the employees begin work activity on the property where a buffer zone has been established.

For more information regarding your responsibilities please call the Agricultural Commissioner's Office in Santa Barbara at 681-5600 or Santa Maria at 934-6200.

The fumigating property operator must notify adjacent property operators at least 48 hours before the fumigation of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone.

By filling in the blanks below, I acknowledge that I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Date _____
Print Name

Adjacent Property Operator _____
Signature

Adjacent Property Location _____

Adjacent Property Onsite Supervisor Name & Phone Number:

Permiso para extender de la zona neutral interior de Methyl Bromide

ZONA NEUTRAL INTERIOR: La zona neutral **interior** solamente puede extender a propiedades adyacente si son propiedades agrícolas. Doy permiso para que la zona neutral interior de la fumigación de _____ extienda en mi propiedad.

(el operador de la propiedad que fumigara)

Yo asentó:

1. Que permitiré que se coloquen letreros de avisos cada 100 pies en mi propiedad.
2. Que seré responsable de mantener a mis empleados y a los empleados de contratistas de trabajo Agrícola afuera de la zona neutral que exista en mi propiedad por la duración de la zona neutral. Notificare a empleados que estén trabajando en un sitio donde se ha estabilizado una zona neutral en la propiedad, y les informare la fecha y hora específica que comenzara la fumigación y la anticipada expiración de la zona neutral. Entiendo que esto incluye mis empleados, empleados de un negocio que aplica pesticidas, y empleados de contratistas de trabajo agrícola. Entiendo que la notificación para empleados de contratistas de trabajo agrícola se puede dar por escrito y los contratistas deberá dar la notificación as sus empleados. Yo daré esta notificación antes de que los empleados comiencen su trabajo en la propiedad donde se ha estabilizado una zona neutral

El operador de la propiedad que fumigara debe notificar a los operadores de las propiedades adyacentes por lo menos 48 horas antes de la fumigación de la fecha y hora que comenzará la fumigación y la anticipada expiración de la zona neutral.

Con rellenar los espacios en blanco abajo, yo reconozco que e leído y entiendo estos requisitos y accedo cumplir con ellos.

Operador de Propiedad Adyacente: _____
(Nombre en letra de molde)

Operador de Propiedad Adyacente: _____
(Firma)

Ubicación de la Propiedad Adyacente: _____

Nombre & Número de teléfono del supervisor que va estar en el sitio adyacente:

Permission for Methyl Bromide Buffer Zone to Extend onto Adjacent Property

OUTER BUFFER ZONE The outer buffer zone may extend into other properties with permission from the property operators. The outer buffer zone cannot contain occupied structures nor extend onto properties that have schools, convalescent homes, hospitals or other similar sites identified by the commissioner.

I give my permission for the **OUTER** buffer zone of _____'s (fumigating permittee) fumigation to extend onto my property.

I agree:

1. To keep all persons out of the buffer zone except to transit or to perform the following activities: _____ . I agree that none of these activities will last for more than 12 hours in any 24 hour period.
2. To notify any employees who are working on the site that a buffer zone has been established on the property, and will inform them of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone. I understand that this includes my employees, employees of licensed pest control businesses, and employees of farm labor contractors. I understand that the notification to a farm labor contractor's employees can be done by giving a written notice to the farm labor contractor who must then give the notice to the employees. I will provide this notice before the employees begin work activity on the property where a buffer zone has been established.

The fumigating property operator must notify adjacent property operators at least 48 hours before the fumigation of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone.

I have read and understand these requirements and agree to comply with them.

Adjacent Property Operator _____ Date _____
Print Name

Adjacent Property Operator _____
Signature

Adjacent Ranch Location _____

Adjacent Onsite Supervisor Name/Phone Number _____

Permiso para extender la zona neutral exterior de Methyl Bromide

ZONA NEUTRAL EXTERIOR: La zona neutral **exterior** puede extender a otras propiedades con el permiso del operador de la propiedad. La zona neutral exterior no debe incluir estructuras ocupadas, o extender a propiedades que tienen escuelas, hospitales, residencia de convalecencia, o otros sitios similares identificados por la comisión agrícola.

Doy permiso para que la zona neutral **EXTERIOR** de la fumigación de _____
_____ (granjero) extienda en mi propiedad.

Yo asentó:

1. Que mantendré a todas personas afuera de la zona neutral excepto para transitar o para hacer las siguientes actividades: _____. Yo asentó que estas actividades no duraran más de 12 horas en ningún período de 24 horas.
2. Que notificare a empleados que estén trabajando en un sitio donde se ha estabilizado una zona neutral en la propiedad, y les informare la fecha y hora específica que comenzará la fumigación y la anticipada expiración de la zona neutral. Entiendo que esto incluye mis empleados, empleados de un negocio que aplica pesticidas, y empleados de contratistas de trabajo agrícola. Entiendo que la notificación para empleados de contratistas de trabajo agrícola se puede dar por escrito y los contratistas deberán dar la notificación a sus empleados. Yo daré esta notificación antes de que los empleados comiencen su trabajo en la propiedad donde se ha estabilizado una zona neutral.

El operador de la propiedad que fumigara debe notificar a los operadores de las propiedades adyacentes por lo menos 48 horas antes que comience la fumigación de la fecha y hora que comenzará la fumigación y la anticipada expiración de la zona neutral.

Con rellenar los espacios en blanco abajo, yo reconozco que e leído y entiendo estos requisitos y accedo cumplir con ellos.

Operador de Propiedad Adyacente: _____
(nombre en letra de molde)

Operador de Propiedad Adyacente: _____
(Firma)

Ubicación de la Propiedad Adyacente: _____

Nombre & Número de teléfono del supervisor que trabajando en el sitio adyacente:

Initial Notification Form

This form must be hand delivered at least 10 days prior to fumigation to every occupied structure within 300' of the outer buffer zone

Methyl Bromide Permit Notification

Date this notification was delivered: _____

You have received this notice because your property is in an area that requires notification that a permit to use the pesticide methyl bromide will be issued by the Agricultural Commissioner's Office to a farmer near you. This flyer is to inform you that you have the right to ask for specific notification about the exact date and time of the fumigation(s) and the expiration of the inner and outer buffer zones for applications that may be conducted in the 2009 calendar year. If you do not wish to receive this information, then you do not have to do anything further.

However, if you would like to receive this notification, you must call and request this information from the farmer. The farmer must give this information to you at least 48 hours before beginning the fumigation as long as you request it at least 48 hours before the fumigation. If you miss this deadline, you can still receive the information but the farmer may not be able to give you much notice before the fumigation begins.

This farmer may apply methyl bromide multiple times throughout the 2009 year from _____ through _____ (dates). And if you have requested specific notification, you will be given the notification for all the applications that have buffer zones within 300 feet of your property line. This may be the only notice you receive for the entire year unless you request the specific notification now.

The brand name of the methyl bromide to be used is: _____

To request specific notification or for more information about this farmer's methyl bromide fumigation(s) please contact the **farmer**, _____ (name) at (805) _____.

Fumigating Permittee _____

Business Address _____

Business Telephone Number _____

Fumigation Location _____

For information about the **methyl bromide permit** that will be issued to this property operator, please call the **Santa Barbara County Agricultural Commissioner** at:

Santa Barbara (805)681-5600

Santa Maria (805)934-6200

Lompoc (805)737-7733

Santa Ynez (805)686-5064

Carpinteria (805)684-3810

Forma de Notificación Inicial

Esta forma debe ser entregada por persona por lo menos diez días antes de la fumigación a estructuras ocupadas que estén 300 pies de la zona neutral exterior

Notificación de permiso de Methyl Bromide

Fecha que esta notificación fue entregada: _____

Usted a recibido esta noticia por que su propiedad esta en una área que requiere notificación que un permiso para usar el pesticida methyl bromide será emitido por la oficina de la Comisión Agrícola a un granjero cerca de usted. Este volante es para informarle que usted tiene el derecho de preguntar por notificación específica de la fecha y hora exacta de la fumigación y la anticipada expiración de las zonas neutral de aplicaciones que puedan ocurrir in el año 2009. Si usted no desea recibir esta información, entonces no tiene que hacer nada más.

Sin embargo, si usted desea recibir esta notificación, usted debe llamar al granjero y pedirle la información. El granjero debe darle la información por lo menos 48 horas antes del comienzo de la fumigación, esto es si usted lo pide 48 horas antes de la fumigación. Si usted pierde este plazo, usted puede recibir la información pero puede que el granjero no le pueda dar la noticia mucho antes de que la fumigación empiece.

Este granjero puede que aplicar methyl bromide mas de una ves durante el año 2009 desde _____ asta _____ (fecha). Si usted ha pedido información especifica, usted será notificado de las de todas las fumigaciones que tengan zonas neutrales exterior dentro de la lina de su propiedad. Esta pueda que sea la única noticia que reciba durante todo el año a menos que usted pida notificación específica.

El nombre de la marca del methyl bromide que se va usar: _____

Para pedir noticia especifica o para más información sobre las fumigaciones de methyl bromide de este granjero, _____ al (805) _____

Agricultor/Empresa: _____

Dirección de Negocio: _____

Número de Teléfono: _____

Ubicación de la Fumigación: _____

Para recibir más información del permiso de methyl bromide que le va dar a este operador de propiedad, favor de llame a La Comisión Agrícola del condado de Santa Bárbara ha:

Santa Maria (805) 934-6200
Santa Bárbara (805)681-5600
Carpintería (805)684-3810
Lompoc (805)737-7733
Santa Ynez (805)686-5064

Methyl Bromide

Zonas Neutrales Acuerdo para Desocupar

Zona Neutral Exterior Acuerdo para Desocupar:

Yo estoy de acuerdo que me mudare de mi casa durante el tiempo entero de la fumigación para que la zona neutral exterior pueda extender en el área que mi estructura esta ubicada. Yo entiendo que debo quedarme afuera de mi estructura durante la duración que la zona neutral exista excepto por _____ horas para que _____.

(actividad) (duración)

El operador de la propiedad que fumigara me informará del comienzo y duración que yo tengo que estar fuera de me estructura.

Zona Neutral Interior Acuerdo para Desocupar:

Yo estoy de acuerdo que me mudare de mi casa durante el tiempo entero de la fumigación para que la zona neutral interior pueda extender en el área que mi estructura esta ubicada. Yo entiendo que debo quedarme afuera de mi estructura durante la duración que la zona neutral exista **y que no puedo regresar por ningún razón. Si tiene que regresar por cualquier razón (para cuidar plantas o animales) durante el período de desocupar, no firme este acuerdo.**

El operador de la propiedad que fumigara me informará del comienzo y duración que yo tengo que estar fuera de me estructura.

Yo he leído y entiendo estos requisitos y estoy de acuerdo que cumpliré con ellos. Yo entiendo que si falto en cumplir con mudarme de mi casa y quedarme afuera como e accedido, la Oficina de la Comisión Agrícola puede tomar acción coercitiva contra mí.

Ocupante de la propiedad: _____ Fecha: _____
(nombre en letra de molde)

Firma: _____

Dirección: _____

Número de Teléfono del Ocupante: _____

Work Hour Restrictions and Respiratory Protection Plan

Only persons performing fumigation handling activities* are allowed to be in the inner buffer zone. People taking breaks, eating lunch, using the bathroom, etc, must leave the inner buffer zone area. No employee may work at fumigation handling activities more than the hours specified in the charts below, in any 24 hour period, during the entire injection-to the end of the restricted entry interval. An employee may work at more than one work task and/or application method in a 24 hour period as long as the employee’s total work hours do not exceed the lowest total hours specified in the tables below for any one work task or application method.

*Fumigation handling activities are limited to employees involved in assisting with covering the tarpaulin at the end of the rows (shoveling); assisting in the overall operation, ensuring proper tarpaulin placement and condition, and changing cylinders (copiloting); operating tractor equipment (driving); supervising the fumigation operation; operating chemigation equipment and assisting in chemigation application and leak repair (chemigating); tarpaulin cutting; tarpaulin or chemigation equipment removal prior to the expiration of the restricted entry interval; and other handling activities specified by the label.

When required for the purposes of respiratory protection, the employee must wear methyl bromide approved respiratory protection for the entire time the employee is inside of the inner buffer zone. Employees shall not switch between different respiratory protection and work hour requirements within the same calendar month.

As shown in the following chart, work hours for each fumigation handling activity varies with the type of respiratory protection and the number of workdays in a calendar month. Use table 6 or 7 to complete the worksheet below. Employees using full face respirator may work unlimited hours.

Respirator Type	Number of Workdays in a Calendar Month	
	More than 3 days	3 days or less
None	Not Allowed	Table 7 work hours*
Methyl bromide approved ½ face	Table 6 work hours*	No work hour limits
Full-face/SCBA/supplied air	No work hour limits	No work hour limits

Use the chart above and table 6 or 7 to complete the worksheet below. Indicate which table you used

I Used Table 6

or

I Used Table 7

Task	Employer	Hrs Allowed	Respirator (None, 1/2 or full face)	Any Adjustment?	Adjusted Hours Allowed
Driver/Applicator					
Copilot					
Shoveler					
Supervisor					
Tarp Cutting					
Tarp Removing					

Methyl Bromide Tarp Repair Plan

This worksheet must be completed and becomes a condition of your methyl bromide permit.

The plan for repairing the tarp requires that a certified applicator test the ambient air in the damaged area while wearing an SCBA in order to determine if the damage can be repaired by someone without wearing an SCBA. If the concentration in the damaged area is less than 5 ppm, the repairs can be made without wearing an SCBA. The employee performing the repairs is limited to one work hour in a 24 hour period unless respiratory protection is worn. Tears in the tarp must be repaired in accordance with the specific plan stated below.

During the fumigation injection, the tarp will be repaired by:

<i>Name of Company <u>and</u> person</i>	<i>Certification</i>	<i>Phone</i>
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After the fumigation injection, the tarp will be repaired by:

<i>Name of Company <u>and</u> person</i>	<i>Certification</i>	<i>Phone</i>
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Testing Device type used to measure air concentrations: _____ . If you do not own a testing device, you must obtain the use of one before fumigation begins.

Decisions for repairing the tarp will be based on the:

1. Hazard to the public, residents or workers (How near to the field will people, residents or workers be who may be affected?)
2. Proximity to occupied structures (Are there houses w/in the OBZ? How close?)
3. Size of the damaged area (How big is the rip in the tarp?)
4. Timing of the damage relative to the time of injection (When did the rip occur?)
5. Feasibility of repair (What factors might prevent or delay tarp repair?)
6. Environmental factors such as wind speed and direction.

Tarp Repair Plan for Santa Barbara County Methyl Bromide applications

Rips or holes in tarps greater than 1 foot caused by rain, hail, wind, animals or field conditions will be repaired during the time period the buffer zone is in effect (from the beginning of the injection to 36 hours following the end of injection) when there are people who might work in the Outer Buffer Zone or reside within 300' of the Outer Buffer Zone. The repairs will be made upon detection both during the application and after the application unless high winds, rain, hail or _____ cause a delay. The tarp will be checked for tears at least every hour during the application and at least _____ during daylight hours.

Please describe specific additions to the tarp repair plan that apply to your site:

Tarp Removal Plans and Restricted Entry Interval

*****The fumigating property operator is responsible for the fumigated ground until aeration is complete and the REI is over*****

The Restricted Entry Interval is dependent on which procedure you use to remove your tarp. Please indicate your tarp removal plan:

Broadcast Tarp Removal

The fumigated area must remain undisturbed for a minimum of 5 days (no entry). Each tarp section must be mechanically cut after the 5th day (120 hours). The area must then be aerated (no entry) for 24 hours. The restricted entry interval (REI) is over on the 6th day after aeration and after tarps have been removed.

Bedded Method Holes Cut for Planting (holes must be cut to use this method)

The minimum Re-entry interval (REI) for bedded applications when holes will be cut for planting is 7 days. The tarp must remain undisturbed on the beds a minimum of 5 days (120 hours) after injection is complete. At the end of the fifth day, employees can cut holes for planting. The field must then be aerated (no entry) for 48 hours. The REI is over 48 hours after the holes have been cut for planting.

Bedded Method Tarp Remains Undisturbed

When the tarp is not cut and remains on the beds undisturbed (no entry), the REI is 14 days and the air under the tarp must test less than 5 ppm with an approved testing device (Sensidyne, Draeger tube, etc.) prior to worker entry into the treated area.

Accident Response Plan

What to do in case of accidental spill or release of Methyl Bromide

Employees who work with methyl bromide must be trained in the procedures to follow in case of an accidental spill or release of methyl bromide. If the release or threatened release poses a significant present or potential hazard to human or environmental health and safety, call 911 and County Fire/Hazardous Materials 686-8170.

Emergency Contact Information (Fill in names and phone numbers for your company)

Potential Hazards

Health Hazards

- ◆ Poisonous: may be fatal if inhaled, and harmful if swallowed or absorbed through the skin.
- ◆ Contact may cause burns to skin and eyes.
- ◆ Contact with liquid may cause frostbite.
- ◆ Clothing frozen to skin should be thawed before being removed.

Fire

- ◆ Methyl bromide is considered nonflammable, but can ignite with a high energy source of ignition. Containers may rupture violently if exposed to fire or excessive heat for sufficient time.
- ◆ Fire fighting equipment: Wear self-contained breathing apparatus in positive pressure mode and appropriate protective clothing.

Emergency Action

- ◆ Evacuate immediate area if cylinder begins to leak or methyl bromide is accidentally released.
- ◆ Keep unnecessary people away, isolate hazard area and deny entry.
- ◆ Stay upwind and out of low areas.
- ◆ Use positive pressure Self Contained Breathing Apparatus (SCBA) to immediately isolate the leak/spill area for at least 150 feet in all directions, and to take any possible corrective action, like closing a valve, or repairing a damaged hose.
- ◆ With significant releases, evaluate wind conditions and the possible need to evacuate neighbors.
- ◆ If possible, place leaking cylinder or equipment under the tarp to slow the rate of methyl bromide release.
- ◆ Do not permit entry into spill/leakage area by unprotected persons until the concentration of fumigant is 5 ppm or less.

First Aid

- ◆ While wearing an SCBA, move victim to fresh air and call emergency medical care; if not breathing, give artificial respiration; if breathing is difficult, give oxygen.
- ◆ In case of contact to eyes, immediately flush eyes with water for 15 minutes.
- ◆ In case of skin contact with material, remove affected clothing and wash with soap and water.
- ◆ Remove and isolate contaminated clothing and shoes at the site.
- ◆ Effects may be delayed. Keep victim under observation.

Accidental releases may occur in the pesticide storage area due to faulty cylinder valves. Train all your employees in emergency procedures.

County Fire Protective Services Division (686-8170) has a Hazardous Materials Incident Reporting Guide that will assist you with your incident reporting obligations to local agencies.

TABLE 1.**METHYL BROMIDE FIELD SOIL FUMIGATION METHODS AND EMISSION RATIOS**

Each methyl bromide fumigation must conform to all requirements specific to a Fumigation Method listed below. An applicator may not "mix-and-match" the requirements of two or more fumigation methods. Equipment and fumigation requirements are described in section 6450.3(a). Non-tarped fumigations are prohibited in Santa Barbara County. Application blocks shall not exceed 40 acres in a 48 hour period. Tarps must be on DPR's list of approved tarps. Tarps must remain undisturbed on fumigated blocks a minimum of 5 full days (120 hours). Tarps shall be buried under at least 4 inches of soil at the end of the rows.

Section 6447.3(a)	Fumigation Method	Restricted Entry Interval	Injection Type	Injection Depth (in.)	Injection Spacing (in.)	Tractor Implements	Dilution Fan	Max Rate (lbs./ac)	Emission Ratio
3,B,1	Tarp/Shallow/Broadcast	6 days ¹	Horizontal V-shaped blades	10 - 15	12 or less	None	Yes	400	0.25
3,B,2	Tarp/Shallow/Broadcast	6 days ¹	Rearward chisel	10 - 15	12 or less	Closing shoes, compaction roller	No	400	0.80
4,B,1	Tarp/Shallow/Bed	7 days if plant holes cut ² 14 days if undisturbed ³	Rearward chisel	6 - 15	12 or less	Closing shoes, compaction roller	No	250	0.80
4,B,2	Tarp/Shallow/Bed	7 days if plant holes cut ² 14 days if undisturbed ³	Rearward chisel	6 - 15	12 or less	Bed shaper	No	250	0.80
4,B,3	Tarp/Shallow/Bed	7 days if plant holes cut ² 14 days if undisturbed ³	Rearward chisel	6 - 15	12 or less	Bed former and bed shaper	No	250	0.80
5,B,1	Tarp/Deep/Broadcast	6 days ¹	Forward chisel	20+	66 or less	None	Yes	400	0.25
5,B,2	Tarp/Deep/Broadcast	6 days ¹	Forward chisel	20+	66 or less	Closing shoes, compaction roller	No	400	0.25
6	Hot Gas Drip System	7 days if plant holes cut ² 14 days if undisturbed ³	Subsurface drip system	Min. 1"	N/A	N/A	No	225	1.0

Leave tarp undisturbed for 5 days. At end of 5th day, cut the tarp and leave undisturbed for 24 hours. REI ends on 6th day

² Leave tarp undisturbed for 5 days. At end of 5th day, cut holes for planting in tarp and leave undisturbed for 48 hours. REI ends on 7th day.

³ Leave tarp undisturbed for 14 days. Measure methyl bromide under tarp. If less than 5 ppm, REI is over at end of 14th day.

TABLE 2

OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION, EXCEPT METHOD SECTION 6447.3(a)(3)(B)(1) of 10 acres or less and 235 lbs of methyl bromide.

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" column intersect.

Emission Rate (pounds/acre-day)

Acres	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
1	100	100	100	100	100	100	100	100	110	110	110	120	130	140	150
2	100	100	100	100	100	100	110	120	130	150	160	170	190	210	230
3	100	100	100	100	100	100	120	140	160	180	200	230	250	270	290
4	100	100	100	100	100	110	140	160	190	220	240	270	300	330	350
5	100	100	100	100	110	120	150	180	210	250	280	310	340	370	400
6	100	100	100	100	120	140	170	210	240	270	310	340	370	410	440
7	100	100	100	100	130	160	190	230	260	300	330	370	410	440	480
8	100	100	100	110	140	180	210	250	280	320	360	400	440	480	510
9	100	100	100	120	150	190	230	270	300	340	380	420	470	510	550
10	100	100	100	120	160	200	240	280	320	370	410	450	500	540	580
11	100	100	100	130	170	210	260	300	340	390	430	480	520	570	620
12	100	100	110	140	180	220	270	310	360	410	450	500	550	600	650
13	100	100	110	150	190	230	280	330	380	430	480	530	580	630	680
14	100	100	110	160	200	240	290	340	390	440	500	550	600	660	710
15	100	100	120	160	210	250	300	350	410	460	520	570	630	680	740
16	100	100	120	170	210	260	310	370	420	480	540	590	650	710	770
17	100	100	130	180	220	270	330	380	440	500	550	610	670	730	790
18	100	100	130	180	230	280	340	390	450	510	570	630	700	760	820
19	100	100	140	190	240	290	350	410	470	530	590	650	720	780	840
20	100	100	140	190	240	300	360	420	480	540	610	670	740	800	870
21	100	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	100	100	150	200	260	320	380	440	510	570	640	710	780	850	920
23	100	110	160	210	270	330	390	450	520	590	660	730	800	870	940
24	100	110	160	210	270	330	400	470	530	600	670	750	820	890	960
25	100	110	170	220	280	340	410	480	550	620	690	760	840	910	980
26	100	120	170	220	290	350	420	490	560	630	710	780	860	930	1000
27	100	120	170	230	290	360	430	500	570	650	720	800	870	950	1000
28	100	120	180	240	300	370	440	510	580	660	740	810	890	970	1100
29	100	130	180	240	310	370	450	520	600	670	750	830	910	990	1100
30	100	130	180	250	310	380	450	530	610	690	770	850	930	1000	1100
31	100	130	190	250	320	390	460	540	620	700	780	860	950	1000	1100
32	100	140	190	260	320	400	470	550	630	710	800	880	960	1000	1100
33	100	140	200	260	330	400	480	560	640	730	810	900	980	1100	1200
34	100	140	200	270	340	410	490	570	650	740	820	910	1000	1100	1200
35	100	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	100	150	210	270	350	420	510	590	680	760	850	940	1000	1100	1200
37	100	150	210	280	350	430	510	600	690	770	870	960	1000	1100	1200
38	100	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1300
39	100	150	220	290	360	440	530	620	710	800	890	990	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 2. OUTER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION, (CONTINUED)

- Select the appropriate number of "Acres" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acres" row and the "Emission Rate" columns intersect.

Emission Rate (pounds/acre-day)

Acres	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175
1	170	180	190	200	210	220	240	250	260	270	280	290	300	310	320
2	240	260	280	290	310	330	350	360	380	390	410	430	440	460	470
3	320	340	360	380	410	430	450	470	490	510	530	550	570	590	610
4	380	410	430	460	490	510	540	560	590	610	640	660	690	710	730
5	430	460	490	520	550	580	610	640	670	700	720	750	780	810	830
6	480	510	540	580	610	640	670	700	740	770	800	830	860	890	920
7	520	550	590	620	660	690	730	760	800	830	860	900	930	960	990
8	550	590	630	670	710	750	780	820	860	890	930	960	1000	1000	1100
9	590	630	670	710	760	800	840	870	910	950	990	1000	1100	1100	1100
10	630	670	720	760	800	840	890	930	970	1000	1000	1100	1100	1200	1200
11	660	710	760	800	850	890	940	980	1000	1100	1100	1200	1200	1200	1300
12	700	750	800	840	890	940	990	1000	1100	1100	1200	1200	1300	1300	1300
13	730	780	830	880	930	980	1000	1100	1100	1200	1200	1300	1300	1400	1400
14	760	820	870	920	970	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500
15	790	850	900	960	1000	1100	1100	1200	1200	1300	1300	1400	1400	1500	1500
16	820	880	940	990	1000	1100	1200	1200	1300	1300	1400	1400	1500	1500	1600
17	850	910	970	1000	1100	1100	1200	1300	1300	1400	1400	1500	1500	1600	1600
18	880	940	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1600	1700
19	910	970	1000	1100	1200	1200	1300	1300	1400	1400	1500	1600	1600	1700	1700
20	930	1000	1100	1100	1200	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800
21	960	1000	1100	1200	1200	1300	1300	1400	1500	1500	1600	1700	1700	1800	1800
22	980	1100	1100	1200	1300	1300	1400	1400	1500	1600	1600	1700	1800	1800	1900
23	1000	1100	1100	1200	1300	1400	1400	1500	1500	1600	1700	1700	1800	1900	1900
24	1000	1100	1200	1200	1300	1400	1500	1500	1600	1700	1700	1800	1800	1900	2000
25	1100	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	1900	2000
26	1100	1200	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100
27	1100	1200	1300	1300	1400	1500	1600	1600	1700	1800	1800	1900	2000	2000	2100
28	1100	1200	1300	1400	1400	1500	1600	1700	1700	1800	1900	1900	2000	2100	2100
29	1200	1200	1300	1400	1500	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200
30	1200	1300	1300	1400	1500	1600	1600	1700	1800	1900	1900	2000	2100	2200	2200
31	1200	1300	1400	1400	1500	1600	1700	1800	1800	1900	2000	2100	2100	2200	2300
32	1200	1300	1400	1500	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300
33	1200	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2100	2200	2300	2400
34	1300	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2200	2300	2400
35	1300	1400	1500	1500	1600	1700	1800	1900	2000	2000	2100	2200	2300	2400	2400
36	1300	1400	1500	1600	1700	1700	1800	1900	2000	2100	2200	2200	2300	2400	2500
37	1300	1400	1500	1600	1700	1800	1900	1900	2000	2100	2200	2300	2400	2400	2500
38	1300	1400	1500	1600	1700	1800	1900	2000	2100	2100	2200	2300	2400	2500	2500
39	1400	1500	1500	1600	1700	1800	1900	2000	2100	2200	2300	2300	2400	2500	2600
40	1400	1500	1600	1700	1800	1800	1900	2000	2100	2200	2300	2400	2500	2500	2600

TABLE 3: OUTER BUFFER ZONE DISTANCES FOR FUMIGATION METHOD SECTION 6447.3(a)(3)(B)(1) TARPAULIN/SHALLOW/BROADCAST ("NOBEL PLOW") FIELD SOIL FUMIGATION WHERE APPLICATION BLOCKS ARE:

- 1. 10 ACRES OR LESS and**
- 2. 235 POUNDS ACTIVE INGREDIENT PER ACRE OR LESS**

Acres	Santa Barbara County
1	60
2	60
3	60
4	60
5	60
6	60
7	70
8	80
9	90
10	100

Use Table 2 to determine buffer zones for acreage larger than listed on this table. Fumigations using rates greater than 235 pounds per acre are determined using Table 2.

TABLE 4
INNER BUFFER ZONE DISTANCES (FEET) FOR FIELD SOIL FUMIGATION

- Select the appropriate "Acreage" in the left-hand column.
- Select the appropriate "Emission Rate" from the top row.
- Read the buffer zone distance where the "Acreage" row and the "Emission Rate" columns intersect.

Emission Rate (pounds/acre-day)

Acres	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200
1	30	30	30	30	40	50	60	70	80	90	100	120	130	140	150
2	30	30	40	50	60	70	90	100	120	140	150	170	190	210	230
3	30	30	50	60	80	100	120	140	160	180	200	220	250	270	290
4	30	40	60	70	100	120	140	170	190	220	240	270	300	320	350
5	30	40	60	90	110	130	160	190	220	250	280	310	340	370	400
6	30	50	70	100	120	150	180	210	240	270	310	340	370	410	440
7	30	50	80	100	130	160	200	230	260	300	330	370	400	440	480
8	40	60	80	110	140	180	210	250	280	320	360	400	430	470	510
9	40	60	90	120	150	190	230	260	300	340	380	420	460	510	550
10	40	70	100	130	160	200	240	280	320	360	410	450	490	540	580
11	40	70	100	140	170	210	250	300	340	380	430	480	520	570	620
12	50	70	110	140	180	220	270	310	360	400	450	500	550	600	650
13	50	80	110	150	190	230	280	330	370	420	470	520	580	630	680
14	50	80	120	160	200	240	290	340	390	440	490	550	600	650	710
15	50	80	120	160	210	250	300	350	410	460	510	570	630	680	740
16	50	90	130	170	210	260	310	370	420	480	530	590	650	710	760
17	60	90	130	170	220	270	320	380	440	490	550	610	670	730	790
18	60	90	130	180	230	280	340	390	450	510	570	630	690	750	820
19	60	100	140	190	240	290	350	400	460	530	590	650	710	780	840
20	60	100	140	190	240	300	360	420	480	540	600	670	740	800	870
21	60	100	150	200	250	310	370	430	490	560	620	690	760	820	890
22	70	110	150	200	260	310	380	440	500	570	640	710	780	850	910
23	70	110	160	210	260	320	390	450	520	590	650	730	800	870	940
24	70	110	160	210	270	330	390	460	530	600	670	740	820	890	960
25	70	110	160	220	280	340	400	470	540	610	690	760	840	910	990
26	70	120	170	220	280	350	410	480	550	630	700	780	850	930	1000
27	80	120	170	230	290	350	420	490	570	640	720	800	870	950	1000
28	80	120	170	230	300	360	430	500	580	660	730	810	890	970	1100
29	80	130	180	240	300	370	440	520	590	670	750	830	910	990	1100
30	80	130	180	240	310	380	450	530	600	680	760	850	930	1000	1100
31	80	130	190	250	310	390	460	540	620	700	780	860	950	1000	1100
32	80	130	190	250	320	390	470	550	630	710	790	880	960	1000	1100
33	90	140	190	260	330	400	480	560	640	720	810	890	980	1100	1200
34	90	140	200	260	330	410	490	570	650	740	820	910	1000	1100	1200
35	90	140	200	270	340	420	500	580	660	750	840	930	1000	1100	1200
36	90	140	210	270	350	420	500	590	680	760	850	940	1000	1100	1200
37	90	150	210	280	350	430	510	600	690	780	870	960	1000	1100	1200
38	90	150	210	280	360	440	520	610	700	790	880	970	1100	1200	1200
39	90	150	220	290	360	440	530	620	710	800	890	980	1100	1200	1300
40	100	150	220	290	370	450	540	630	720	810	900	1000	1100	1200	1300

TABLE 5: Buffer Zone Duration (hours)

TABLE 5A Not applicable because non-tarped applications are not allowed in Santa Barbara County.

TABLE 5B:

Tarp/Deep/Broadcast - Section 6447.3(a)(5)

	Application Rate (pounds per acre)										
Acres	150	175	200	225	250	275	300	325	350	375	400
1 - 10	36	36	36	36	36	36	60	60	60	60	60
11 - 20	36	36	36	36	36	60	60	60	60	60	60
21 - 30	36	36	36	60	60	60	60	60	60	60	84
31 - 40	36	36	36	60	60	60	60	60	60	60	84

TABLE 5C:

Tarpaulin/Shallow/Broadcast - Section 6447.3(a)(3)

Tarpaulin/Shallow/Bed - Section 6447.3(a)(4)

Drip System/HotGas - Section 6447.3(a)(6)

	Application Rate (active ingredient pounds per acre)										
Acres	150	175	200	225	250	275	300	325	350	375	400
1 - 10	36	36	36	36	36	36	36	36	36	36	36
11 - 20	36	36	36	36	36	36	36	36	36	60	60
21 - 30	36	36	36	36	36	36	36	60	60	60	60
31 - 40	36	36	36	36	36	36	36	60	60	60	60

Table 6: Maximum Work Hours when working more than 3 days in a calendar month w/ a 1/2 face respirator. See the superscript for provisions for working more than 3 days a month without a respirator when cutting or removing tarps. If a full face respirator is worn, there is no limit to the work hours.

Fumigation Method/Activities	Max App. Rate (active ingredient)	Max Work Hrs. in 24 Hrs w/1/2 Face Respirator.
Tarp/Shallow/Bed App. Equip. Driving Shoveling, Copiloting, Supervising Tarp Cutting Tarp Removal	250 lbs.	No limitation 8*(hours may be increased) no limitation ¹ no limitation ²
Tarp/Shallow/Broadcast App. Equip. Driving Shoveling, Copiloting, Supervising Tarp Cutting Tarp Removal	400 lbs.	8* 4* no limitation ¹ no limitation ²

(Note: Methods not used in Santa Barbara County are not included on this table. Please see the CCR §6784 for a complete table.)

¹Exception: An employee may perform this activity with out a 1/2 face respirator for 1 hour a day. That may be increased according to the formula on the next page when using less than the maximum rate.

²Exception: An employee may perform this activity with out a 1/2 face respirator for 3 hours a day. That may be increased according to the formula on the next page when using less than the maximum rate.

Table 7: Maximum Work Hours when working 3 days or less per calendar month without using a respirator. If a full face respirator is worn, there is no limit to the work hours.

Fumigation Method/Activities	Max App. Rate	Max Work Hrs. in 24 Hrs. w/o Respirators
Tarp/Shallow/Bed App. Equip. Driving Shoveling, Copiloting, Supervising Tarp Cutting Tarp Removal	250 lbs.	4* 4* 4 7
Tarp/Shallow/Broadcast App. Equip. Driving Shoveling, Copiloting, Supervising Tarp Cutting Tarp Removal	400 lbs.	4* 3* 4 7

* If the actual methyl bromide application rate is less than the maximum application rate shown in **Tables 6 and 7** for the particular fumigation method used, the maximum work hours may be increased in accordance with the following formula:

$$\frac{\text{Maximum application rate}}{\text{Actual pounds active ingredient}} \times \text{Maximum work hours} = \text{Revised work hours}$$