

**City of Santa Barbara  
MATERIAL EXEMPTION REQUEST FOR PESTICIDE APPLICATION**

Dept Parks and Recreation IPM Coordinator Santos Escobar Phone 805 564-5464

Pesticide Applicator (employee or company) Name City Park and Recreation staff Phone 805 564 5547

Application Site Golf Course Specific Location Greens

Date(s) 9/17/15 12/6/15

Product Name Velista Active Ingredient Penthiopyrad

Number of Applications: One-time Other 3 times different dates

Type:  Emergency  Trial Programmatic  Other \_\_\_\_\_

Product type: Herbicide  Insecticide  Fungicide  Other \_\_\_\_\_

Application:  Ornamental Turf  Golf  Vector Control  Park Tree  Street Tree

Right of Way  Vertebrate pest  Other \_\_\_\_\_

Is the pesticide on the *Tiered Materials List*?  No Yes If yes, provide the Tier \_\_\_\_\_

If the pesticide is not on the *Tiered Materials List*, provide the following screening information. See the IPM Strategy and the *Tiered Materials List* for instructions on screening the pesticide.

EPA Reg # 100-1534 Signal CAUTION Estimated Tier ?

Restricted  No  Yes/Describe \_\_\_\_\_

P Waste \_\_\_\_\_ PBT \_\_\_\_\_ WA PBT \_\_\_\_\_ Persistent \_\_\_\_\_ Mobil \_\_\_\_\_

Cancer \_\_\_\_\_ Repro \_\_\_\_\_ Neuro \_\_\_\_\_ Endocrine \_\_\_\_\_

Bird \_\_\_\_\_ Fish \_\_\_\_\_ Bees \_\_\_\_\_ Wildlife \_\_\_\_\_

Attach product label and MSDS to this form.

**Describe the pest problem. It first appears as a patch of bronzed or bleached turf. At first, the spots are 4 to 6 inches (10 to 15 cm) in diameter, but they may grow to a diameter of several feet (1 meter).**

**Describe the management goals and objectives for this site.  
Deep Tine, Aerification and Leaching.**

**What is the damage threshold for this pest at this site?  
20% to 30%**

**Describe the monitoring of the pest and potential predators that was conducted and the control methods previously used at the site.  
Keep the salt levels and sodium as low as possible.**

**Describe how the product would be applied including frequency, concentration, and method of application.  
Application is done with a boom sprayer, interval 14 days at the rate of 0.3 0.7 oz /1000 sq'.**

**What non-target impacts are anticipated?  
None**

**How does the use of this product help achieve the site management goals? Note if this is curative or preventative. First we leach the green to relieve the stress induced by the salts and then we apply the chemical at a curative rate in order to control the disease. Management solely by fungicide applications is not recommended.**

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How will the effectiveness of this product be monitored? Include expected results and indicators of success. We select one of the most affected areas and we monitor that area first thing in the morning and at midday again for days, and what we look for is roots, if the grass can be easily pulled we know we have not controlled the disease.

Describe site conditions, for example consider the following: restricted access, distance from a creek or body of water, degree of runoff, site is a pesticide-free zone, etc. Greens are all elevated and are not close to any creeks or ponds.

List alternatives considered, alternatives implemented and why they were eliminated. Due to the drought, we could not do as much leaching as needed.

Justification: describe why is applying this pesticide is the best solution and why a less-hazardous chemical, non-chemical option or taking no action is not feasible. The only solution was to spray the greens as the damage threshold was over 20%. If left untreated we would have lost complete greens.

Was outside expertise utilized?  No  Yes / Describe

At the time of the chemical application, I sent two samples for disease identification to Pace Laboratories and it was confirmed that we did have Rapid Blight.

Describe future plans to prevent using the chemical again. Aerification and leaching the greens with potable water.

Signatures Simon Herrera \_\_\_\_\_  
Department IPM Coordinator City IPM Coordinator

Completed by the City of Santa Barbara Staff IPM Committee

Vote Tally \_\_\_\_ Disposition:  Approved  Denied/Reason \_\_\_\_\_

If approved, follow the attached best management practices.

Comments:

Completed by the IPM Advisory Committee

Vote Tally \_\_\_\_ Disposition:  Approved  Denied/Reason \_\_\_\_\_

If approved, follow the attached best management practices.

Comments: