

**CITY OF SANTA BARBARA
PARKS AND RECREATION DEPARTMENT**

MEMORANDUM

DATE: 2/06/16
TO: IPM Committee
FROM: Simon Herrera, Golf Course Superintendent
SUBJECT: Material Exemption Request for FY 2016

The golf division is requesting that the IPM committee approve the attached list of Materials for exemption for FY 2015-2016. The request for the materials listed has not changed from FY 2014-2015 and all the technical information is current. The golf course staff will only use these products to be used on golf greens when accepted thresholds are exceeded and all alternative options have been exhausted.

Below is a list of materials that the Golf Course is requesting for FY2015-FY2016

Affirm
Insignia
Primo-Maxx
Prostar
Proxy
Turflon

Thank you so very much for your consideration.

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 Parks and Recreation Staff** Phone **805 564-5547**

Application Site **Golf Course** Specific Location **Greens**

Date(s) **None**

Product Name **Turflon Ester Ultra** Active Ingredient **Triclopyr: 3, 5, 6, -Trichloro-2-**
Pyridinyloxyacetic Acid, butoxyethyl ester 60.45% other ingredients 39.55%

Number of Applications: One-time Other **None**

• 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 # **62719-566** Signal **Caution** Estimated Tier _____

Restricted No Yes/Describe _____

P Waste _____ PBT _____ WA PBT _____ Persistant _____ Mobil _____

Cancer _____ Repro _____ Neuro _____ Endocrine _____

Bird _____ Fish _____ Bees _____ Wildlife _____

Attach product label and MSDS to this form.

Describe the pest problem. Bermuda infestation on the greens.

Describe the management goals and objectives for this site. Spray to prevent the Bermuda from spreading to buy time to be able to physically remove the Bermuda.

What is the damage threshold for this pest at this site? Between 20% to 80%

Describe the monitoring of the pest and potential predators that was conducted and the control methods previously used at the site. Mechanically removed

Describe how the product would be applied including frequency, concentration, and method of application. Sprayed with a backpack sprayer at the rate of 3/8 to 3/4 fl oz/1000 sq ft every four weeks.

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. This is preventative, just to prevent from spreading.

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How will the effectiveness of this product be monitored? Include expected results and indicators of success. Results will be visual, areas to be treated will be measured in square inches, and re-measured after applications.

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 creeks or ponds.

List alternatives considered, alternatives implemented and why they were eliminated. Physical removal is still going on, but we cannot keep up with the Bermuda. We will continue to physically remove the bermuda until we have completely eliminated the pest.

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. This is the only chemical that can help us to slow down the spreading of the Bermuda.

Was outside expertise utilized? No Yes / Describe

Describe future plans to prevent using the chemical again. Edging of Greens to prevent contamination.

Signatures Santos M. Grober, Jr. Department IPM Coordinator Santos M. Grober, Jr. 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:

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) None

Product Name Insignia Active Ingredient pyraclostrobon, (carbamic acid,[2-[[[1-(4-chlorophenyl)-1H-pyrazol-3-yl]oxy]methyl]phenyl]methoxy-,methyl ester) 23.3% other ingredients 76.7%

Number of Applications: One-time Other 4 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 # 7969-290 Signal Warning 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. Irregular dark areas throughout greens.

**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 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 7 to 14 days at an application rate of 4 oz/1000 sq' preventative rate and at .7 oz /1000 sq' curative rate.**

**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 older grass leaves, if the leaves appear to be water soaked 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 Phil Colbaugh Turf Pathologist 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 Santos M. Escobar, Jr. Santos M. Escobar, Jr.
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: