AGRICULTURAL COMMISSIONER'S OFFICE
Soil Fumigation Plan (rev. 7/26/16)
Submit this document prior to obtaining a permit

You must complete all applicable information and submit an accurate map as required by the permit conditions. The information on this plan must be accurate and becomes a condition of your permit. Do not deviate unless a revised Plan has been submitted and approved. If you require help in completing this form, please contact your local Agricultural Commissioner office for an appointment.

Property Operator:	Property Operator Address:		Permit Number:
Grower Onsite Contact:	Onsite Contact Cell Phone:		Property Operator Phone Number:
Pest Control Business/Address:			Business Contact Name & Phone:
Brand Name of Fumigant:			Application Method & FFM Code:
Product per treated acre:	☐ pounds ☐ gallons / Broadcast Equivalent Appl. Rate (lbs/ac) [For combination products, calculate chloropicrin separately]:		
Commodity:		Earliest Fumigation Date:	Latest Fumigation Date:
Type of Tarp/Name:	Standard Tarp ☐ Qualifies for Reduction Credit ☐	% Reduction Credit (if any):	Number of Water Seals:
Emergency Preparedness and Response Method: ☐ N/A ☐ Neighbor Notification ☐ Site Monitoring			

Please summarize your fumigation. *If you need more space a supplement is available*

Site ID	Block Number	Day[1]	Start Time	Emergency Preparedness and Response Measures Required?		Buffer Zone Overlap[2]			Acres	Buffer Zone Distance
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		

Submitted by:_____ Date:_____ Received by:_____ Date:_____ Approved ☐ Denied ☐

[1] Indicate the day (e.g. Day 1, 3, 5)

[2] If buffer zones for two or more applications of a product containing chloropicrin overlap between 12 and 36 hours from the time the earlier application(s) are complete until the start of the later application, then the combined acreage of the application blocks must not exceed 40 acres and the buffer zone size may need to be adjusted according to DPR's guidelines. Consult with your assigned Inspector for required adjustments.

SAN LUIS OBISPO COUNTY
AGRICULTURAL COMMISSIONER'S OFFICE
Soil Fumigation Plan Supplement

PERMITEE:_____
SITE NO.:_____
DATE:_____

Site ID	Block Number	Day	Start Time	Emergency Preparedness and Response Measures Required?		Buffer Zone Overlap[2]			Acres	Buffer Zone Distance
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		
				Yes ☐	No ☐	Yes ☐	No ☐	N/A ☐		

Submitted by:_____ Date:_____ Received by:_____ Date: _____ Approved ☐ Denied ☐

CALCULATING THE BROADCAST EQUIVALENT APPLICATION RATE

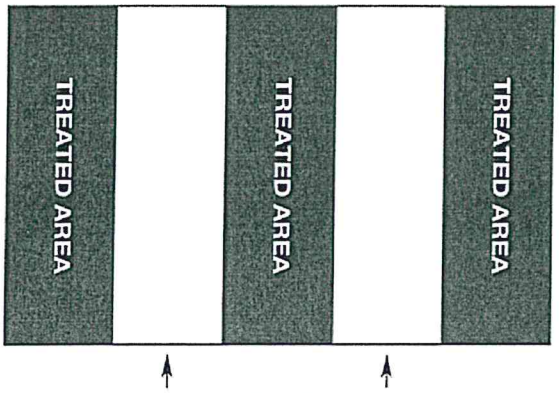
To calculate the broadcast equivalent rate for bedded or strip applications the following information is needed:

- gallons of product per treated acre
- strip or bed bottom width (inches)
- center-to-center row spacing (inches)
- application block size (acres)

Gallons of product **per treated acre** is the ratio of total amount of product applied to the size of the **total area treated** (*e.g.*, the rate of product applied in the bed). For bedded or strip applications, the **total area treated** is the summation of the area (i.e., length x width) of each treated bed bottom or strip that is located within the application block as shown by the black areas in Figure 1 (*e.g.*, black areas are 0.6A or 60% of the area within the application block). The area of the space between the beds/strips is not factored in the total area treated.

The **application block size** is the acreage within the perimeter of the fumigated portion of a field (including furrows, irrigation ditches, roadways). The perimeter of the application block is the border that connects the outermost edges of total area treated with the fumigant product.

Figure 1. Bedded/Strip Application (1 acre application block)

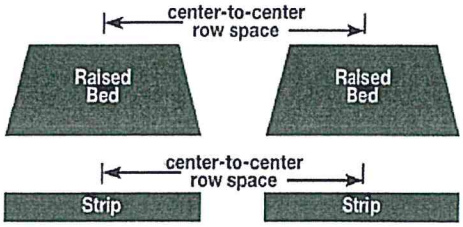


The "broadcast equivalent rate" must be calculated with the following formula:

$$\text{Broadcast equivalent rate (gallons product/acre)} = \frac{\text{strip or bed bottom width (inches)}}{\text{center-to-center row spacing (inches)}} \times \text{gallons product/treated acre applied in the strip or bed}$$

- The bed width must be measured from the bottom of the bed.
- The center-to-center row spacing must be calculated as shown in Figure 2.
- If there are any ditches, waterways, drive rows and other areas that are not fumigated that are in the application block, multiply the above broadcast equivalent equation by **(total area of strips or beds + row spacing)/(application block size)**. A sample calculation is provided.

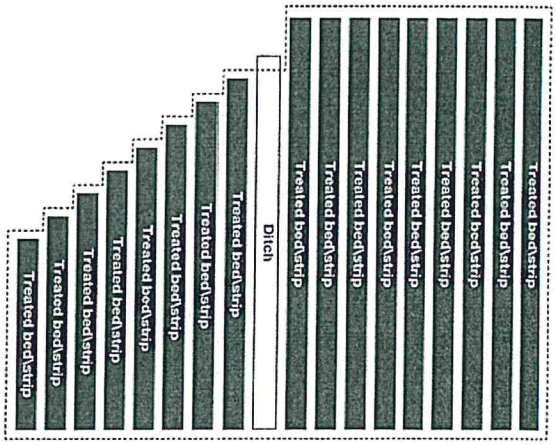
Figure 2. Center Row Spacing



Sample broadcast equivalent rate calculation

Assumptions:

- Application method is shank bedded
- Bed width is 30 inches (measured at the bottom of bed)
- Center-to-center row spacing is 60 inches
- 75 gallons of product per treated acre is applied in the beds
- Total application block size is 10 acres
- Ditch in the middle of application block is 0.25 acres
- Area of beds + row spacing is 9.75 acres



$$\text{broadcast equivalent rate (gallons product/acre)} = \frac{\text{strip or bed bottom width (inches)}}{\text{center-to-center row spacing (inches)}} \times \frac{\text{area of strip or bed + row spacing}}{\text{application block size}} \times \text{Gallons product/treated acre applied in the bed}$$

$$= \frac{\text{30 inch width beds}}{\text{60 inch row spacing}} \times \frac{\text{9.75 acres}}{\text{10 acres}} \times \text{75 gals product/treated acre}$$

$$= \text{35.6 gals product/acre}$$

EXPRESS BROADCAST EQUIVALENT IN GALLONS OF PRODUCT OR POUNDS OF ACTIVE INGREDIENT CONSISTENT WITH BUFFER ZONE TABLE BEING USED

PLEASE SHOW CALCULATIONS BELOW

Number on Map_____

Permission for a Fumigant Buffer Zone to Extend onto Adjoining Property

Buffer Zone The Buffer Zone may extend into other properties with permission from the property operators. The Buffer Zone shall be in effect for 48 hours after the application is complete.

I give my permission for the Buffer Zone of _____'s (fumigating permittee/grower) fumigation to extend onto my property.

I agree:

1. To keep all persons out of the buffer zone.
2. To notify all persons working on the property and other persons likely to enter of where the buffer zone will be located.
3. To inform employees of the specific date and time of the start of the fumigation and the anticipated expiration of the buffer zone.

Due to scheduling details and field conditions, the exact date of the application may change. The grower (or their representative) shall notify you at least 48 hours in advance of the starting date and time of the application and the anticipated expiration of the buffer zone. **If the fumigation does not begin as scheduled, you will be re-notified.**

I understand that I am not obligated to give my permission. I acknowledge that a fine may be levied against me and/or my business if I give permission and fail to keep people out of the buffer zone as I have agreed.

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

Adjacent Property Operator (print name) _____ Title _____

Adjacent Property Operator (signature) _____Date_____

Adjacent Ranch Location _____

Adjacent Onsite Supervisor Name/Phone Number_____

Número de Mapa: _____

Permiso para Extender la Zona de Amortiguamiento de un Fumigante a una Propiedad Contigua

Zona de Amortiguamiento: La Zona de Amortiguamiento puede extenderse a otras propiedades con el permiso de los operadores de la propiedad. La Zona de Amortiguamiento deberá estar en efecto por 48 horas después de que se lleve a cabo la aplicación.

Yo doy mi permiso para que la Zona de Amortiguamiento de fumigación de_____ (fumigador autorizado, agricultor) se extienda a mi propiedad.

Yo estoy de acuerdo en:

1. Mantener a toda la gente fuera de la zona de amortiguamiento.
2. Notificar a toda la gente que trabaje en la propiedad y a otras personas con probabilidad de entrar donde la zona de amortiguamiento este localizada.
3. Informar a empleados de la fecha y tiempo específicos del comienzo de la fumigación y la fecha anticipada de la expiración de la zona de amortiguamiento.

Debido a detalles de calendarización y condiciones del campo, la fecha exacta de la aplicación puede cambiar. El agricultor (o su representante), deberá notificarle a usted por lo menos 48 horas por adelantado de la fecha y tiempo de la aplicación y la fecha anticipada de la expiración de la zona de amortiguamiento. **Si la fumigación no comienza como fue programada, a usted se le re-notificara.**

Yo entiendo que no estoy obligado a dar mi permiso. Yo reconozco que una multa puede ser emitida en contra mía y/o mi negocio si doy permiso y fallo a mantener gente fuera de la zona de amortiguamiento como he acordado.

Yo reconozco que he leído y entiendo estos requisitos y estoy de acuerdo en cumplirlos.

Operador de la Propiedad Contigua (letra de molde) _____ Título _____

Operador de la Propiedad Contigua (firma): _____ Fecha_____

Localidad del Rancho Contiguo: _____

Nombre/Número de Teléfono del Supervisor de sitio en la Propiedad Contigua:_____

Emergency Preparedness

POST APPLICATION MONITORING FORM

When Emergency Preparedness and Response Measures are required by the label and the monitoring option is chosen, this form, or the Fumigation Management Plan Post-Application Summary, must be completed. It must be retained by the property operator and certified applicator with the Fumigation Management Plan.

GROWER_____ **SITE ID**_____

Block	Application End Date & Time	Monitoring Time	Field Temp.	Location of Monitoring	Wind Direction & Speed (note stagnant air) Comments (note odors, tarp tears, sensory irritation etc.)

(use additional sheets if necessary)

Monitored by _____ Date Submitted _____

Fumigation Notice

Your residence or business is near a field that will be treated with a soil fumigant. This notice is to be delivered to you at least 7 days prior to the earliest fumigation date indicated below.

Date Notice Delivered: _____

Fumigating Property Operator (Grower), Address, Phone:

_____

Fumigation Company (Applicator) Contact Person, Address, Phone:

_____

To request more about this farmer's fumigation(s), please contact:

Name:_____ at (805)_____

Location of the Application Blocks:_____ Fumigant Active Ingredient:_____

Fumigant Brand Name:_____ EPA Registration Number:_____

The earliest and latest dates of the planned fumigation *(must not range more than 4 weeks):*

Earliest:_____Latest:_____

Early signs and symptoms of exposure to this fumigant: _____

_____

What you should do in an emergency:_____

Emergency Response Phone Number: 911

You can find additional information about fumigants by going to the following websites:
US EPA Soil Fumigant Toolbox: www.EPA.gov/pesticides/reregistration/soil_fumigants/index.htm
California Dept. of Pesticide Regulations: http://www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

If you have questions concerning this proposed field fumigation, please contact:

Grower: _____ at (805) _____
Pest Control Business
Representative: _____at (805)_____

For information about the pesticide permit issued to this property operator, please call the **San Luis Obispo County Agricultural Commissioner:**

Arroyo Grande Office
810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

San Luis Obispo Office
2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

Templeton Office
350 N. Main St.
Templeton, 93465
434-5950

Notificación de Fumigación

Su residencia o negocio está cercano a un campo que será tratado con un fumigante para el suelo. Esta notificación se le debe de entregar a usted por lo menos 7 días antes de la fecha más temprana de fumigación indicada abajo.

Fecha de entrega de la notificación:

_____

Operador (Agricultor) de la Propiedad a ser Fumigada, Domicilio, Teléfono:

_____

Compañía fumigadora (aplicador), Persona a Contactar, Domicilio, teléfono:

_____

Para solicitar más información acerca de la fumigación que desea hacer este agricultor, por favor comuníquese con:

Nombre_____al (805)_____

Lugar de los bloques de aplicación:_____Ingrediente Activo del fumigante:_____

Marca Comercial del Fumigante_____Número de Registración del EPA:_____

La fecha más temprana y más tardía de la fumigación planeada *(tales fechas no deberán de exceder más de 4 semanas):*

Fecha Temprana:_____ Fecha Tardía _____

Los síntomas e indicios tempranos por exponerse a este fumigante:_____

_____

Lo que debe de hacer en una emergencia:_____

_____

Número de Teléfono para Responder a Emergencia: 911

Usted puede obtener información adicional acerca de fumigantes al visitar las páginas de web siguientes:
US EPA Soil Fumigant Toolbox: www.EPA.gov/pesticides/registration/soil_fumigants/index.htm
California Dept. of Pesticide Regulations: www.cdpr.ca.gov/docs/emon/methbrom/mb_main.htm

Si usted tiene preguntas acerca de esta fumigación propuesta de campo, por favor comuníquese con:

Agricultor:_____al (805)_____
Representante del Negocio
de Control de Plagas _____ al (805)_____

Para información acerca del permiso de pesticida emitido a este operador de propiedad, por favor llame al **Comisionado Agrícola del Condado de San Luis Obispo:**

Oficina de Arroyo Grande
810 W. Branch St.
Arroyo Grande, 93420
(805) 473-7090

Oficina de San Luis Obispo
2156 Sierra Way, Suite A
San Luis Obispo, 93401
(805) 781-5910

Oficina de Templeton
350 N. Main St.
Templeton, 93465
(805) 434-5950

SAN LUIS OBISPO COUNTY
NOTIFICATION LOG

Notification of your proposed fumigation to neighbors is required by label or by the commissioner that a fumigant permit has been issued for your property. Please list the properties that received this notification and properties or persons from whom you will need to obtain buffer zone permission or vacating agreements. This log must be cross-referenced to the Soil Fumigation Plan Map.

FUMIGATING PROPERTY OPERATOR: _____ Site ID: _____

PROPOSED FUMIGATION DATES: earliest date of fumigation: _____ latest date of fumigation: _____

(dates must not range more than 4 weeks)

Number on Map	Surrounding Property Address or Location or Description of Property	Date of Neighbor Notice	Emergency Preparedness Notice		List of Required Buffer Zone Permission or Vacating Agreements
			Yes	No	
			☐	☐	☐ BZ Permission ☐ Vacating Agreement
			☐	☐	☐ BZ Permission ☐ Vacating Agreement
			☐	☐	☐ BZ Permission ☐ Vacating Agreement
			☐	☐	☐ BZ Permission ☐ Vacating Agreement
			☐	☐	☐ BZ Permission ☐ Vacating Agreement
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			☐	☐	☐ BZ Permission ☐ Vacating Agreement
			☐	☐	☐ BZ Permission ☐ Vacating Agreement

SAN LUIS OBISPO COUNTY
VACATING AGREEMENT

The operator of the farming property is responsible to keep a buffer zone free of occupied structures around the fumigant applications listed below. Your home/business lies within the proposed buffer zone, and the grower/fumigator is requesting that you vacate for the indicated length of time. **You are not obligated to vacate your premises. Therefore, if you do not agree to vacate, do not sign this form** and the grower/fumigator will adjust the fumigation plan so that your home/business will not be in the buffer zone. **If you must return to your structure for any reason (care for animals or plants), for the duration of the vacating period, do not sign this agreement.**

Due to scheduling details and field conditions, the exact date of the application may change. The grower (or their representative) shall notify you at least 48 hours in advance of the starting date and time of the application and the anticipated expiration of the buffer zone. **If the fumigation does not begin as scheduled, you will be re-notified.**

Vacancy is required during the fumigation plus (check one):

☐ **an additional 48 hours** (for methyl bromide, metam sodium, metam potassium, or chloropicrin)

☐ **an additional 7 days** (for 1,3-dichloropropene)

Name of fumigant permit holder (grower)_____

Name of person providing vacating agreement (print)_____

Signature of person providing vacating agreement _____

Address (or location) of home/business to be vacated _____

If you agree, your home/business will be within the buffer zone, starting between (earliest date)_____ and (latest date)_____*(dates must not range more than 4 weeks).*

TO THE RESIDENT:

DO NOT SIGN THIS VACATING AGREEMENT UNLESS ALL BLANKS HAVE BEEN COMPLETED.

I have voluntarily agreed to move out of my home/business **1) during the fumigation and 2) to remain out for (check one) ☐ 48 hours ☐ 7 days after the completion of the application.**

I acknowledge that a fine may be levied against me and/or my business if I fail to vacate my premises as agreed. I have read and understand these requirements and agree to comply with them.

Name: (print)_____ Date:_____

Name: (sign)_____ Phone Number:_____

All information must be complete and correct.
An incomplete or incorrect Vacating Agreement may delay the application.

CONDADO DE SAN LUIS OBISPO
ACUERDO PARA VACAR UNA ZONA DE AMORTIGUAMIENTO

El operador de la propiedad agrícola es responsable por mantener una zona de amortiguamiento libre de estructuras ocupadas alrededor de las aplicaciones del fumigante enlistadas abajo. Su hogar/negocio está situado dentro de la zona de amortiguamiento propuesta, y el agricultor/fumigador está solicitando que usted desocupe por el periodo de tiempo indicado. **Usted no está obligado a vacar sus premisas; por lo tanto, si usted no está de acuerdo en vacar, no firme esta forma** y el agricultor/fumigador ajustará el plan de fumigación de manera que su hogar/negocio no esté en la zona de amortiguamiento. **Si usted debe regresar a su estructura (casa o negocio) por cualquier razón (cuidar animales o plantas), durante la duración del periodo vacante, no firme este acuerdo.**

Debido a detalles de calendarización y condiciones del campo, la fecha exacta de la aplicación puede cambiar. El agricultor (o su representante), deberá notificarle a usted por lo menos 48 horas por adelantado de la fecha y tiempo de la aplicación y la fecha anticipada de la expiración de la zona de amortiguamiento. **Si la fumigación no comienza como fue programada, a usted se le re-notificara.**

Vacuidad es requerida durante la fumigación además (marque una):

☐ **48 horas adicionales** (para bromuro de metilo, metam sodio, metam potasio, o cloropicrina)

☐ **7 días adicionales** (para1,3-dichloropropene)

Nombre del agricultor/fumigante que posee permiso_____

Nombre de la persona que provee el acuerdo para vacar (letra de molde)_____

Firma de la persona que provee el acuerdo para vacar_____

Domicilio (o localidad) del hogar/negocio que va a ser vacado_____

Si usted está de acuerdo, su hogar/negocio estará dentro de la zona de amortiguamiento, empezando dentro de (fecha temprana)_____ y (fecha tardia)_____. *(Las fechas no deben de exceder más de 4 semanas)*

AL RESIDENTE:

NO FIRME ESTE ACUERDO PARA VACAR A MENOS QUE SE HAYAN COMPLETADO TODOS LOS ESPACIOS VACIOS EN ESTA FORMAS.

Yo estoy voluntariamente de acuerdo en vacar mi hogar/negocio **1) durante la fumigación y 2) mantenerme fuera por (marque una) ☐ 48 horas ☐ 7 días después de que se haya realizado la aplicación. Yo reconozco que una multa puede ser emitida en contra mía y/o de mi negocio sino cumplo con con vacar mi propiedad como fue acordado.** Yo he leído y entiendo estos requisitos y estoy de acuerdo en cumplirlos.

Nombre: (letra de molde)_____ Fecha:_____

Nombre: (firma)_____ Numero de teléfono:_____

Toda la información debe ser completa y correcta.
Un acuerdo para vacar incompleto o incorrecto puede retrasar la aplicación.