

City of Santa Barbara  
MATERIAL EXEMPTION REQUEST FOR PESTICIDE APPLICATION

Dept **Facilities** IPM Coordinator **Joe Gonzales** Phone **805-680-3413**

Pesticide Applicator (employee or company) Name **Lenz Pest Control** Phone **805-962-9151**

Application Site **Various** Specific Location **In and around structures.**

Date(s) **Various / July 2024- June 2025**

Product Name **Advion Ant Gel** Active Ingredient **Indoxacarb**

Number of Applications:  One-time  Other **Unknown/As needed**

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 **Structural Pest Control**

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

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 # \_\_\_\_\_ Signal \_\_\_\_\_ 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.**

Continuous Ant Problems inside a structure.

**Describe the management goals and objectives for this site.**

Elimination of Argentine Ant colonies near a structure.

**What is the damage threshold for this pest at this site?**

Interior issues that last longer than 1 week.

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

The City has an Ant Policy that is followed. See attached.

**Describe how the product would be applied including frequency, concentration, and method of application.**

Gel is applied in cracks and crevices and inside of Bait Stations.

**What non-target impacts are anticipated?**

N/A

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How does the use of this product help achieve the site management goals? Note if this is curative or preventative.

Can be curative. Ants will return bait to the colonies. It will result in many more ants being killed. There is no preventative control available in the "City Ant Policy"

How will the effectiveness of this product be monitored? Include expected results and indicators of success.

The City Ant Policy will be followed.

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.

Structural Only

List alternatives considered, alternatives implemented and why they were eliminated.

Sanitation has been tried and proved ineffective.

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.

Ant colonies will be affected by the bait. This should lessen the amount of pest control that is done by employees that are suffering with ongoing ant issues inside.

Was outside expertise utilized?  No  Yes / Describe Lenz Pest Control

Describe future plans to prevent using the chemical again.

No such plans exist.

Signatures \_\_\_\_\_  
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:

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Dept **Facilities** IPM Coordinator **Joe Gonzales** Phone **805-680-3413**

Pesticide Applicator (employee or company) Name **Lenz Pest Control** Phone **805-962-9151**

Application Site **Various** Specific Location **In and around structures.**

Date(s) **Various/ July 2024 – June 2025**

Product Name **Advion Roach Gel** Active Ingredient **Indoxacarb**

Number of Applications:  One-time  Other **Unknown/As needed**

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 **Structural Pest Control**

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

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 # \_\_\_\_\_ Signal \_\_\_\_\_ 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.**

Continuous Roach problems inside or around a structure.

**Describe the management goals and objectives for this site.**

Elimination of Cockroach issues inside or around a structure.

**What is the damage threshold for this pest at this site?**

Interior issues that last longer than 1 week.

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

The City has a Cockroach Policy that is followed. See attached.

**Describe how the product would be applied including frequency, concentration, and method of application.**

Gel is applied to cracks and crevices and inside of bait stations.

**What non-target impacts are anticipated?**

N/A

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How does the use of this product help achieve the site management goals? Note if this is curative or preventative.

Can be curative. Ants and Roaches will return bait to the colonies. It will result in many more ants being killed. There is no preventative control available in the "City Ant Policy" or "City Cockroach Policy"

How will the effectiveness of this product be monitored? Include expected results and indicators of success.

The City Ant Policy will be followed. The City Cockroach Policy will be followed.

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.

Structural Only

List alternatives considered, alternatives implemented and why they were eliminated.

Sanitation has been tried and proved ineffective.

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.

Ant and roach colonies will be affected by the bait. This should lessen the amount of pest control that is done by employees that are suffering with ongoing ant issues inside.

Was outside expertise utilized?  No  Yes / Describe Lenz Pest Control

Describe future plans to prevent using the chemical again.

No such plans exist.

Signatures \_\_\_\_\_  
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.

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Dept **Facilities** IPM Coordinator **Joe Gonzales** Phone **805-680-3413**

Pesticide Applicator (employee or company) Name **Lenz Pest Control** Phone **805-962-9151**

Application Site **Various** Specific Location **Exterior Structural.**

Date(s) **Various/ July 2024 – June 2025**

Product Name **Fipronil Plus C** Active Ingredient **Fipronil**

Number of Applications:  One-time  Other **Unknown/As needed**

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 **Structural Pest Control**

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

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 # \_\_\_\_\_ Signal \_\_\_\_\_ 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.**

Continuous Ant problems inside or around a structure.

**Describe the management goals and objectives for this site.**

Elimination of Ant issues inside or around a structure.

**What is the damage threshold for this pest at this site?**

Interior issues that last longer than 1 week.

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

The City has an Ant Policy that is followed. See attached.

**Describe how the product would be applied including frequency, concentration, and method of application.**

Spray is applied by spot treatment to active ant trails,

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What non-target impacts are anticipated?

Other ground crawling insects such as Crickets and Earwigs.

How does the use of this product help achieve the site management goals? Note if this is curative or preventative.

Can be curative. Ants will return the spray to the colonies. It will result in many more ants being killed. There is no preventative control available in the "City Ant Policy" or "City Cockroach Policy"

How will the effectiveness of this product be monitored? Include expected results and indicators of success.

The City Ant Policy will be followed.

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.

Structural Only

List alternatives considered, alternatives implemented and why they were eliminated.

Sanitation has been tried and proved ineffective. Indoxacarb has been used and has proven ineffective.

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.

Ant colonies will be affected by the spray. This should lessen the amount of pest control that is done by employees that are suffering with ongoing ant issues inside.

Was outside expertise utilized?  No  Yes / Describe Lenz Pest Control

Describe future plans to prevent using the chemical again.

No such plans exist.

Signatures \_\_\_\_\_  
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:

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Dept **Facilities** IPM Coordinator **Joe Gonzales** Phone **805-680-3413**

Pesticide Applicator (employee or company) Name **Lenz Pest Control** Phone **805-962-9151**

Application Site **Various** Specific Location **In and around structures.**

Date(s) **Various/ July 2024 – June 2025**

Product Name **Navigator** Active Ingredient **Fipronil**

Number of Applications:  One-time  Other **Unknown/As needed**

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 **Structural Pest Control**

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

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 # \_\_\_\_\_ Signal \_\_\_\_\_ 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.**

Continuous Ant problems inside or around a structure.

**Describe the management goals and objectives for this site.**

Elimination of Ant issues inside or around a structure.

**What is the damage threshold for this pest at this site?**

Interior issues that last longer than 1 week.

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

The City has an Ant Policy that is followed. See attached.

**Describe how the product would be applied including frequency, concentration, and method of application.**

Spray is applied to the perimeter of the structure.

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What non-target impacts are anticipated?

Other ground crawling insects such as Crickets and Earwigs.

How does the use of this product help achieve the site management goals? Note if this is curative or preventative.

Can be curative. Ants will return the spray to the colonies. It will result in many more ants being killed. There is no preventative control available in the "City Ant Policy" or "City Cockroach Policy"

How will the effectiveness of this product be monitored? Include expected results and indicators of success.

The City Ant Policy will be followed.

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.

Structural Only

List alternatives considered, alternatives implemented and why they were eliminated.

Sanitation has been tried and proved ineffective. Indoxacarb has been used and has proven ineffective.

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.

Ant colonies will be affected by the spray. This should lessen the amount of pest control that is done by employees that are suffering with ongoing ant issues inside.

Was outside expertise utilized?  No  Yes / Describe Lenz Pest Control

Describe future plans to prevent using the chemical again.

No such plans exist.

Signatures \_\_\_\_\_  
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: