

**City of Santa Barbara
Integrated Pest Management Advisory Committee
MATERIAL EXEMPTION REQUEST FOR PESTICIDE APPLICATION**

Name Joe Gonzales Department Public Works Phone (805) 897-1932

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

Application Site 310 East Ortega Street, Santa Barbara, CA 93101 Specific Location City of SB Purchasing Office

Date(s) of Application 7/12/2024 Date of Request 7/8/2024

Product Name Timbor Active Ingredient Disodium Octoborate

Type: One-time Programmatic Emergency

Number of Applications: One Other _____

Product type: Herbicide Insecticide Fungicide Other _____

Application: Ornamental Sports Field Golf Course Vector Control Park Tree Street Tree
 Airport Runways Right of Way City Facility Other _____

Is the pesticide on the *Approved Materials List*? No Yes If yes, provide the color Yellow

If the pesticide is not on the *Approved Materials List*, provide the following information. Please use the Material Selection Criteria and work with a Certified Pesticide Applicator to determine the estimated color.

EPA Reg # _____ Signal _____ Estimated Color _____

Restricted No Yes/Describe _____

P Waste _____ PBT _____ WA PBT _____ Persistent _____ Mobil _____

Cancer _____ Repro _____ Neuro _____ Endocrine _____

Bird _____ Fish _____ Bees _____ Wildlife _____

Please attach product label and MSDS to this form.

Describe the pest problem.

Termite rot under window facing Warehouse Yard.

Describe the overall management goals and objectives for this site.

Treatment for termites before construction of Purchasing Office begins.

Colony elimination or reduction

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

Inspection completed on 6/13/2024 by Lenz Pest Control. Evidence of drywood termites was found at the wall framing and windows. Infestations appear to extend into inaccessible areas.

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

One-time low toxicity spot treatment to treat the infested area of drywood termites in the visible and accessible areas.

What non-target impacts are anticipated?

No non-target impacts are expected. Product is contained inside the wood.

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

This is a curative measure to treating the infested area for the extermination of drywood termites.

**City of Santa Barbara
Integrated Pest Management Advisory Committee
MATERIAL EXEMPTION REQUEST FOR PESTICIDE APPLICATION**

How will the effectiveness of this product be monitored? Include expected results and indicators of success. Monitoring by city staff for new termite droppings. Call for inspection if found.

Describe what precautions would be used for application. For example consider restricting access, distance from a creek or body of water, degree of runoff, weather conditions, etc.

Application will be scheduled in advance with staff at the City Facility. Regarding restricting access, Lenz Pest Control confirmed, "its not necessary to be out for the spot treatment it is all low toxicity."

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

Recommendation by Lenz Pest Control involves vacating, sealing, and fumigating the facility. This recommendation was eliminated due to planned reconstruction of the Purchasing Office.

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 a more cost-efficient, low toxicity spot treatment for drywood termites at the Purchasing Office to be scheduled prior to construction at the facility.

Was outside expertise utilized? No Yes / Describe

Recommendation per Lenz Pest Control.

Describe future plans to prevent using the chemical again.

No such plan exists. If this product is not allowed for this purpose. Heat and Fumigation are the only other alternatives available that will work.

Signatures _____

Department IPM Coordinator

City IPM Coordinator

Completed by the City of Santa Barbara IPM Staff

Vote Tally _____ Disposition: Approved Denied/Reason _____

If approved, follow the attached best management practices.

Comments: