

ATTACHMENT #4

METHYL BROMIDE FIELD FUMIGATION

WORKSITE PLAN

PERMITTEE: _____ PERMIT #: _____

TELEPHONE #: (____) ____ - _____ FAX #: (____) ____ - _____

SITE LOCATION: _____ SITE NUMBER: _____

METHYL BROMIDE FIELD FUMIGATION WORKSITE PLAN must be submitted to the Agricultural Commissioner at 7 days prior to the NOTICE OF INTENT [6450.1(a)]

Methyl Bromide Fumigation Method# : _____ Type of Tarp Used: _____

Percent Methyl Bromide Used: _____ Commodity: _____

ID of Each Application Block	Approx. Date(s) of Application	Application Block Acreage	Application Rate (Lbs. Methyl Bromide/Ac)	Emission Ratio	Emission Rate	Inner Buffer Zone (in feet)	Outer Buffer Zone (in feet)

Is the applicator a Pest Control Operator? ? Yes ? No

If yes, NAME _____ PHONE _____

ATTACH THE FOLLOWING:

1. **MAP** – A map of the site must be included as part of the worksite plan. The map must have the neighboring properties numbered. Measurements must be made from the field to be fumigated to the property lines of all the surrounding properties where there are residences or sensitive sites. These measurements must be on the map.
2. **NOTIFICATION LOG** – A notification log must be included as part of the worksite plan. The County form or other equivalent form should be used and the unshaded areas must be completed. (Attachment #7)
3. **TARP REPAIR AND REMOVAL PLAN** – A tarpaulin repair response plan and tarp removal plan must be included as part of the worksite plan. The County form must be completed and used. (Attachment #5)