

**2010 SOIL FUMIGANT MANAGEMENT PLAN
(METAM SODIUM/METAM POTASSIUM PRODUCTS)**

FMP Elements:

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- II. General Site Information
- III. Owner/Operator of Application Block
- IV. Recordkeeping
- V. General Application Information
- VI. Emergency Response Plan
- VII. Communication Between Applicator, Owner/Operator and Other On-site Handlers
- VIII. Handler Information
- IX. Tarps
- X. Soil Conditions
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- XII. Posting Signs – Fumigant Treated Area
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- XIV. Good Agricultural Practices (GAPs)

2010 SOIL FUMIGANT MANAGEMENT PLAN (METAM SODIUM/METAM POTASSIUM PRODUCTS)

The below text fields will expand as the text is entered. After completing each field, use Tab key to go to next text field or check box.

I. Certified Applicator Supervising the Fumigation			
Name: Peter Hall	Phone number: 610-986-4521	License and/or certificate number: 23GH4	<input checked="" type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator
Employer name: US Application Co.	Employer address: 745 Hilltop Circle Las Cruces, NM 44309		
II. General Site Information			
Application block/field location (e.g., county, township-range-section quadrant), address including zip code, or global positioning system (GPS) coordinates: 100 Acre field at the north-west corner of state road 34 and state road 23			
III. Owner/operator of Application Block			
Name: Dale Smith	Address: 5647 State Road 34 Las Cruces, NM 44309		Phone number: 659-852-4521
IV. Recordkeeping			
<input checked="" type="checkbox"/> The owner/operator of the application block has been informed that he/she as well as the certified applicator must keep a signed copy of the site-specific FMP and the post-application summary for 2 years from the date of application.			
V. General Application Information			
Target application date/window: October 27-31, 2010	EPA Registration Number: 2746-45	Fumigant Product Name: Metam ABC	
Application method: <input checked="" type="checkbox"/> Center Pivot <input type="checkbox"/> Solid Set Sprinkler <input type="checkbox"/> Drench <input type="checkbox"/> Drip <input type="checkbox"/> Flood Basin, Furrow and Border <input type="checkbox"/> Shank <input type="checkbox"/> Spray Blade <input type="checkbox"/> Rotary Tiller	Application Rate (lbs or gallons of product/treated acre): 60 gallon of product/A	Injection Depth (inches): NA	Application Block Size (acres): 100 A
VI. Emergency Response Plan			
Description of evacuation routes (a diagram or drawing may be attached to the FMP): Everyone should move upwind to the closest intersection. <input type="checkbox"/> Check here if diagram or drawing is attached			
Locations of telephones: Cell phone to be kept with certified applicator			
Contact information for first responders: 911	Local/state/federal contacts: WI State Department of Agriculture: 879-526-1254		Other contact information for emergencies:
Emergency procedures/responsibilities in case of an incident, equipment/tarp/seal failure, complaints or elevated air concentration levels suggesting potential problems, or other emergencies: All handlers must report any problems to the certified applicator in charge of the application who will decide if additional action must be taken.			
VII. Communication Between Applicator, Owner/Operator, and Other On-site Handlers			
<input checked="" type="checkbox"/> Pesticide product labels and material safety data sheets are at the application site and available for employees to review.			
Will the certified applicator be at the application site during all handler activities that take place from the beginning of the application until the entry restricted period expires? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, describe how the certified applicator will share the label requirements with owner/operator and/or handlers who will be present at the application site after the application is complete until the entry restricted period expires.			
VIII. Handler Information (use EPA's Microsoft Word or Acrobat Adobe version of the handler information template)			
<input checked="" type="checkbox"/> Information for all handlers is attached to the FMP			
Comments/notes:			
IX. Tarps (check here if section is not applicable <input checked="" type="checkbox"/>)			
Brand name and tarp manufacturer:	Lot Number: Part Number:	Batch Number:	Thickness:
Schedule for checking tarps for damage, tears, and other problems:			
Maximum time following notification of damage that the person(s) responsible for tarp repair will respond:			
Minimum time following damage that tarp will be repaired:		Minimum size of damage that will be repaired:	
Other factors used to determine when tarp repair will be conducted:			
Equipment/methods used to perforate tarps: <input type="checkbox"/> mechanical: <input type="checkbox"/> hand:			

Schedule and target dates for perforating tarps:

Equipment, schedule and target dates for removing tarps:

X. Soil Conditions

Soil texture/clay content: **clay loam**

Organic Content: < 1% ≥1%-2% ≥2%-3% >3%

Soil Temperature: Has the air temperature been above 100 °F in any of the 3 days prior to application? Yes or No

If yes, record the soil temperature measurement:

Soil Moisture: (check the box of the method used to determine the soil moisture)

USDA Feel and Appearance Method Instrument Other

Description of soil: **fine** Instrument used: Describe method:

Percent soil moisture estimate: **50-75%** Percent soil moisture: Percent soil moisture:

XI. Weather Conditions

Summary of the weather on the day of the application (a printed copy may be attached to the FMP):

Check here if printed copy is attached to the FMP or complete the following:

Wind Speed: Inversion conditions: Air-Stagnation Advisories: Other:

Summary of the weather during the 48-hour period following the fumigant application (a printed copy may be attached to the FMP):

Check here if printed copy is attached to the FMP or complete following:

Wind Speed: Inversion conditions: Air-Stagnation Advisories: Other:

XII. Posting Signs – Fumigant Treated Area

Name(s) of person(s) posting Fumigant Treated Area signs: **Peter Hall**

Treated Area Signs posting date: **10/26-10/30 depending on the start date** Treated Area Signs removal date: **at most 3 days after the entry restricted period 11/2-11/8**

XIII. Air Monitoring Plan

If monitoring indicates air concentrations greater than or equal to 6000 ppb for methyl isothiocyanate (MITC), handlers must stop work and leave the application block.

If sensory irritation is experienced check which of the following be procedures will be followed:

Intend to cease operations or Intend to continue operations with respiratory protection

Handler Tasks to be Monitored	Monitoring Equipment	Timing
Any handlers that experience sensory irritation will be monitored	Draeger Tube	Every 15 min

Full Face Respirator Response Plan

If either: (1) a handler experiences any sensory irritation when wearing an full face air-purifying respirator, or (2) a MITC air sample is greater than or equal to 6000 ppb, then all handler activities must cease and handlers must be removed from the application block and the following emergency plan detailed will be implemented:

All handlers will leave the application block if sensory irritation is experienced while wearing a full-face respirator.

If practical, the equipment will be checked to make sure there are no safety failures, and repaired as necessary.

If a spill has occurred, the spill will be monitored, the spill location will be isolated, and the location near the spill will be monitored to ensure people are far enough away.

The certified applicator will re-verify that all GAPs and label instructions are being followed (equipment calibration, weather conditions, soil conditions, sealing)

Handlers who resume the application after MITC is < 6000 ppb will use full-face respirators until air monitoring indicates that concentrations below trigger levels identified on the label.

Handlers that are experiencing symptoms of exposure will get medical attention as needed.

Within 1 hour, air samples will be collected between the application block and any occupied building located within 1/4 of mile of the field. If any samples exceed 600 ppb or if sensory irritation is experienced, call 911.

XIV. Good Agricultural Practices (GAPs)

Check here if applicable mandatory GAPs are attached to the FMP (this could be a copy of the label highlighting the applicable GAPs). If this box is not checked, the checklist below must be completed.

Shank	Spray Blade
<input type="checkbox"/> Wind Speed	<input type="checkbox"/> Wind Speed
<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Weather Conditions
<input type="checkbox"/> Soil Conditions, Injection Depth, and Soil Sealing	<input type="checkbox"/> Soil Conditions, Injection Depth, and Soil Sealing

- Tarps (check here if not applicable)
- Soil Temperature
- Soil Moisture
- Application and Equipment

Rotary Tiller

- Wind Speed
- Weather Conditions
- Soil Conditions, Injection Depth, and Soil Sealing
- Tarps (check here if not applicable)
- Soil Temperature
- Soil Moisture
- Application and Equipment

Solid Set Sprinkler

- Wind Speed
- Weather Conditions
- Soil Conditions
- Air Temperature
- Soil Temperature
- Soil Moisture
- Flushing Irrigation Lines
- Application and Equipment

Drip

- Wind Speed
- Weather Conditions
- Soil Conditions
- Air Temperature
- Soil Temperature
- Soil Moisture
- Tarps (check here if not applicable)
- Flushing Irrigation Lines
- Application and Equipment

- Tarps (check here if not applicable)
- Soil Temperature
- Soil Moisture
- Application and Equipment

Center Pivot

- Wind Speed
- Weather Conditions
- Soil Conditions
- Air Temperature
- Soil Temperature
- Soil Moisture
- Flushing Irrigation Lines
- Application and Equipment

Drench


- Wind Speed
- Weather Conditions
- Soil Conditions
- Air Temperature
- Soil Temperature
- Soil Moisture
- Application and Equipment

Flood Basin, Furrow and Border

- Wind Speed
- Weather Conditions
- Soil Conditions
- Air Temperature
- Soil Temperature
- Soil Moisture
- Tarps (check here if not applicable)
- Application and Equipment

Description of other product specific GAPs from label that will be followed:

Before beginning the fumigation, I have verified that this site-specific FMP reflects current site conditions and product label directions.


Signature of certified applicator supervising the fumigation

10/25/00
Date

List of Attachments:

- handler information
- weather forecast

Handler Information

Handler Name, Address, and Phone Number	Employer Name, Address, and Phone Number	Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below)	PPE (check all that apply)	Respirator Information (leave blank if "no respirator" is checked under PPE)
Peter Hall 674 Oak Road Las Cruces, NM 44306 (610) 986-4521	US Application Co. 745 Hilltop Circle Las Cruces, NM 44309 (610) 865-2965	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input checked="" type="checkbox"/> Chemical-resistant apron <input checked="" type="checkbox"/> Chemical-resistant footwear and socks <input checked="" type="checkbox"/> Protective eyewear (NOT goggles) <input checked="" type="checkbox"/> Chemical-resistant gloves <input checked="" type="checkbox"/> Full-face air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: 2/6/10	Make: 3M Model: 6700 Type: APR Style: Full-face Size: medium Cartridge type: 3M model 60928 Organic Fit test date: 4/14/10 Training date: 4/14/10 Medical date: 4/14/10 Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date: Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date:
<input checked="" type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months.				
*1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants 2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application) 3. Tasks with liquid contact potential 4. Installing, perforating, removing, repairing, or monitoring tarps until: -14 days after the application is complete if tarps are not perforated and removed during those 14 days, -Tarp removal is complete if tarps are both perforated and removed less than 14 days after the application, or -48 hours after tarp perforation is complete if tarps will not be removed within 14 days after application.				
Comments/notes:				

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10-Day Allergies Forecast for Las Cruces, NM		Weather for your life	
[English Metric] Printable Forecast		Allergies & Pollen	
Forecast Conditions	High °F Low °F	Precip. Chance	Wind Speed
Tonight Oct 25 Partly Cloudy / Wind	N/A 50°	10%	From the West Northwest 22mph
Tue Oct 26 Partly Cloudy	74° 48°	0%	From the West Northwest 14mph See the Pollen Hot Spots
Wed Oct 27 Sunny	74° 46°	0%	From the North Northwest 4mph
Thu Oct 28 Partly Cloudy	73° 49°	10%	From the East 8mph
Fri Oct 29 Sunny	77° 52°	0%	From the Southeast 5mph Natural Allergy Relief
Sat Oct 30 Sunny	78° 48°	0%	From the West Southwest 10mph
Sun Oct 31 Sunny	75° 47°	0%	From the West Southwest 6mph

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Mon Nov 1		74° 46°	0%	From the West 5mph <i>Natural Allergy Relief</i>
Tue Nov 2		75° 48°	0%	From the North 4mph
Wed Nov 3		74° 48°	0%	From the East Southeast 4mph

Last Updated Oct 25, 2:48 PM MT [Printable Forecast](#)

Details	Video	Text	Averages
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