2023 CROP ORGANIC SYSTEM PLAN – SECTION 4

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| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name:       |
| DBA:       |

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| **4. SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT:** | **NOP 205.203; 205.205** |

What are your soil types?

How do you monitor the effectiveness of your fertility management plan?

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| [ ]  Soil testing | [ ]  Microbiological testing | [ ]  Tissue testing | [ ]  Crop quality testing |
| [ ]  Recorded observation of soil | [ ]  Recorded observation of crop health |
| [ ]  Comparison of crop yields | [ ]  Other:       |
| *Frequency:*       |

What are your soil/nutrient deficiencies (if any)?

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| What are the major components of your soil and crop fertility plan? |
| [ ]  Crop rotation | [ ]  Green manure/ plow down | [ ]  Cover crops | [ ]  Subsoiling |
| [ ]  Complete year fallow | [ ]  Incorporation of crop residues | [ ]  Manure | [ ]  Compost |
| [ ]  Soil amendments | [ ]  Side dressing | [ ]  Foliar fertilizers | [ ]  Alternate shallow and deep root crops |
| [ ]  Alternate heave/ light feeding | [ ]  Other:       |

Do you burn crop residues? [ ]  No [ ]  Yes

*If yes, please describe materials used and reason for burning:*

Do you apply sewage sludge to fields? [ ]  No [ ]  Yes

*If yes, please list fields where applied:*

Do you use compost? [ ]  No [ ]  Yes

*If yes, please list source:*

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| What is the compost feedstock? | [ ]  N/A, no compost used |
| [ ]  Animal bedding | [ ]  Newspaper/ paper | [ ]  Animal Based (manure, urine, feces, other excrement) |
| [ ]  Plant-based | [ ]  Vermicast (worm castings) | [ ]  Woodchips/ sawdust |
| [ ]  Other:       |

| **Do you use manure?** **[ ]** No [ ]  Yes: |
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| [ ]  Piled | [ ]  Liquid | [ ]  Semi-solid |
| [ ]  Fully composted | [ ]  Partially composted | [ ]  Other:       |

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| **What types of crops do you grow? *Check all that apply*** |
| [ ]  Crops not for human consumption. |
| [ ]  Crops for human consumption whose edible portion has direct contact with the soil. |
| [ ]  Crops for human consumption whose edible portion does not have direct contact with the soil. |

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| **Name:**       | **Title:**       | **Date:**       |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** |