2023 CROP ORGANIC SYSTEM PLAN – SECTION 4

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

|  |  |
| --- | --- |
| **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)?

|  |  |  |  |
| --- | --- | --- | --- |
| 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:*

|  |  |  |
| --- | --- | --- |
| 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: | | |
| --- | --- | --- |
| 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.*** | | |