



2023 CROP ORGANIC SYSTEM PLAN – SECTION 4

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?

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:

Form with question 'What is the compost feedstock?' and multiple choice options: N/A, no compost used; Animal bedding; Newspaper/ paper; Animal Based (manure, urine, feces, other excrement); Plant-based; Vermicast (worm castings); Woodchips/ sawdust; Other:

Form with question 'Do you use manure?' and multiple choice options: No; Yes; Piled; Liquid; Semi-solid; Fully composted; Partially composted; Other:

Form with question 'What types of crops do you grow? Check all that apply' and three options: 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.

Form with fields for Name, Title, and Date, followed by an affirmation statement: 'I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.'