

Organic Farm Plan Update

This form should be filled out by crop producers to update their organic farm system plans. Use additional sheets if necessary. Attach a field history sheet for current year, updated farm maps (if any changes), and other records required by the certifying agent.

| SECTION 1: General Information | | | NOP Rule 205.406(a)(2) and 205.401(b) |
|--|---|--|--|
| Name George Schuetz | Farm Name Macht Nichts Farm | Type of Farm/Crops | |
| Address 423 Storck Brewery Rd. | | City Schatzie | For office use only |
| St./Prov. Pennsylvania | | Postal/Zip Code 17001 | Country U.S.A. |
| Phone 570-222-1001 | | Fax | Email schuetz@hubabba.net |
| Legal Status <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify | | | Organic Certification No. C034 |
| Year first certified 1991 | List previous organic certification by other agencies 1991-2000, Penn State Organic Certifiers | List current organic certification by other agencies None | Do you understand current organic standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been denied certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, describe the reasons for denial and attach documentation of corrective actions N/A | |
| Preferred dates and time for inspection visit: Any weekday <input checked="" type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | | |
| SECTION 2: Minor Noncompliances | | | NOP Rule 205.406(a)(3) |
| Did you have any minor noncompliances from last year's certification? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please complete the following table, listing each minor non-compliance. | | | |
| Minor Noncompliance | Describe how you addressed the minor noncompliance | | |
| §205.204(a)(1) Lacked search documentation for use of non-organic seed. | Will provide contact documentation for at least three sources in the event that non-organic seed is used in the future. Blank documentation forms have been acquired. | | |
| §205.206(f) Replacement corner post in NW corner of field A-1 is treated wood. | Treated wood post was removed and replaced with a concrete post. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SECTION 3: Organic Plan Update | | | NOP Rule 205.406(a)(1) |
| A. Current crop plans Please complete the following table for all current year's crops or products requested for certification. | | | |
| Crops Requested for Certification | Field Numbers | Total Acres/Hectares | Projected Yields |
| Pasture & Hay | A-1, A-3, A-4, A-5 | 185 a. | 700 tons. |
| Oats | A-1 | 50 a. | 4900 bu. |
| Corn | A-2 | 42 a. | 5900 bu. |
| | | | |
| | | | |
| B. Organic Farm Plan Changes What year did you last submit a complete Organic Farm Plan Questionnaire 2001 | | | |

Have you reviewed your Organic Farm Plan Questionnaire? Yes No

Date of review:

January 2006

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary.

No changes

| Farm Plan Topic | Changes? | Summary Statement of Changes |
|-----------------------------------|----------|--|
| General Information | X | New email address. |
| Newly purchased or rented fields* | | |
| Farm maps | | |
| Seeds and seed treatments | | |
| Seedlings and perennial stock | | |
| Soil fertility management | | |
| Compost or manure use | | |
| Conservation practices | | |
| Water quality and use | X | Have completed 4 fenced water crossings to better protect stream and riparian areas. |
| Crop rotation | | |
| Weed management plan | X | Will begin using flame weeding on corn fields. |
| Pest management plan | | |
| Disease management plan | | |
| Adjoining land use and buffers | | |
| Split or parallel operation | | |
| Equipment | X | Bought used flame weeder. |
| Harvest plan | | |
| Post-harvest handling | | |
| Crop storage | | |
| Crop transportation | | |
| Record keeping system | | |
| Type of marketing/product labels | | |

* If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.

C. Inputs

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels and receipts available for the inspector.*

| Seed/Variety/Brand | Organic | Untreated | Treated | GMO | Type/Brand of Treatment | | What attempts did you make to use organic/untreated seed? |
|--------------------|---------|-----------|---------|-----|-------------------------|-----------|---|
| | | | | | Fungicide | Inoculant | |
| Tug of War Alfalfa | X | | | | | X | |
| Alice White clover | | X | | | | X | Checked 3 sources |
| Timothy | X | | | | | | |
| Puna Chicory | X | | | | | | |
| Niva Orchardgrass | X | | | | | | |
| Buff Hulled Oats | X | | | | | | |
| NC 68F32 Corn | X | | | | | | |
| NC 72H54 Corn | X | | | | | | |
| | | | | | | | |
| | | | | | | | |

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Sheet. *Have all labels and receipts available for the inspector.*

No inputs used

| Product | Brand name/source | Status | If restricted, describe compliance with NOP Rule Annotation | GMO |
|-------------------|--------------------------|--------|---|-----|
| Aglime | Pangaea Limestone Quarry | 1 | | |
| Alfalfa Inoculant | Nitragin Gold-Alfalfa | 1 | | |
| Clover inoculant | Nitragin Gold-Clover | 1 | | |
| Livestock manure | Generated on-farm | 2 | Applied only to non-food crops. | |
| | | | | |
| | | | | |

SECTION 5: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator _____

Date _____

I have attached the following documents:

- Maps of all parcels/fields (showing adjoining land use and field identification)
- Field history sheets
- Documentation for fields owned or rented for less than three years, if applicable
- Water test, if applicable
- Soil and/or plant tissue tests, if applicable
- Residue analyses, if applicable
- Input product labels, if applicable
- Organic product labels, if applicable

- I have made copies of this questionnaire and other supporting documents for my own records.