

FARM PLAN INFORMATION

NOP Rule 205.201(a); 205.202(a) and (b)

1. TYPE OF OPERATION:

<p>A. Check all products that will be produced as certified organic:</p> <p><input type="checkbox"/> Maple sap (only) <input type="checkbox"/> Maple syrup <input type="checkbox"/> Maple cream <input type="checkbox"/> Maple candy/cakes</p> <p><input type="checkbox"/> Maple sugar <input type="checkbox"/> Other maple products; list: _____</p>
<p>B. Check all that apply:</p> <p><input type="checkbox"/> Maple Producer <input type="checkbox"/> Maple Packer</p> <p><input type="checkbox"/> Organic production <input type="checkbox"/> Conventional production</p>

2. PROCESSING AND PACKING PROCEDURES:

<p>A. List type(s) and brand(s) of defoamers used in maple production:</p>
<p>B. List all filter aids and types of filter cloths/papers used in maple production:</p>
<p>C. List all cleansers, including BRAND NAMES used to clean all production and collection equipment:</p>
<p>D. Describe cleaning process of tubing, spiles, buckets, holding tanks:</p>
<p>E. Where is equipment stored:</p>

3. RECORDKEEPING: The following information shall be kept up-to-date and available for review at time of inspection:

A. Sources of maple sap:

- ❖ List all sources of maple sap which will be used to produce organic maple products.
- ❖ Attach maps, which correlate with the information given below.
- ❖ Indicate any required buffer zones on the maps. ***NOTE:** Buffer zones are required when adjacent land has had an application of a prohibited material as stated in NOP Section 205.202.

NAME & ADDRESS OF SUGARBUSH	# TAPS	LANDOWNER'S NAME AND ADDRESS	NAME OF PERSON TAPPING/MANAGING EACH SUGARBUSH

I. Do you purchase organic maple sap? ___Yes ___No

If yes, list source: _____

II. Do you purchase conventional maple sap? ___Yes ___No

If yes, list source: _____

III. Do you process any of the organic and/or conventional maple sap from above sources? ___Yes ___No

IV. List amount purchased, and amount processed of each type at your sugarhouse during the previous season:

NOTE: If you process organic maple products from organic sap NOT obtained from your own or leased sugarbush, and want to label it as "ORGANIC," then you MUST apply for organic processor/handler certification.

B. Three-Year Production History: Complete the table below with the total number of taps and production in gallons of organic maple syrup for the last three years:

YEAR	NUMBER OF TAPS	TOTAL PRODUCTION IN GALLONS
200_		
200_		
200_		

C. Three-Year History of Pesticide and Fertilizer Materials applied: If applicable, complete the table below:

YEAR	NAME OF PESTICIDE/ FERTILIZER	APPLICATION DATE	REASON FOR USE	NAME & LOCATION OF MAPLE SUGARBUSH TREATED
200_				
200_				
200_				

D. In addition to the previous TABLES, these records shall be made available for review by the NHDAMF Inspector:

- i. Retail sales record totals for all organic maple products sold.
- ii. Wholesale sales records of all transactions of organic maple products.
- iii. Separate records for organic and non-organic maple products production and sales.

*****ATTACH COPIES OF ALL LABELS AND TEXT TO BE USED ON PACKAGING AND ADVERTISEMENTS**

4. PRODUCT TRACEABILITY:

- All product packaging must have a **LOT NUMBER** which can be used to conduct an **AUDIT TRAIL** back to the date of production
- The date of production should be identified with a **BATCH NUMBER**, which correlates with the amount of production for that date
- Several **BATCH NUMBERS** may be used to identify different grades of syrup produced from that lot

A. Describe your **LOT NUMBERING** system: _____

B. Describe your **BATCH NUMBERING** system: _____

C. Utilizing your **LOT NUMBERING** system, explain how a particular lot of syrup can be traced back to date of production: _____

5. ORGANIC PRODUCT INTEGRITY:

- If applicable, describe procedures utilized to prevent commingling of organic and non-organic maple sap, syrup and other maple products:

6. AFFIRMATION:

I affirm that all statements made in this application are true and correct. I affirm that no prohibited products have been applied to any of the organically managed sugarbush during the three-year period prior to the collection of maple sap. I affirm that no prohibited products have been added to any of the finished maple product(s) that I may produce. I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this application in no way implies granting of certification by the certifying agent. I agree to follow the NHDAMF and NOP Rules for certified organic production.

APPLICANT'S NAME

DATE

BUSINESS NAME

The following documents are attached:

- ___ Maps of all sugarbush locations
- ___ Product label(s)
- ___ Facility map of sugarhouse and storage areas
- ___ Landowner Statement(s)

7. INSTRUCTIONS FOR SUBMISSION:

- Please make a **COPY OF THIS APPLICATION** for your records
- Send in the **original application** with the required certification and inspection fees
- The minimum **Certification, plus Inspection fee, is \$150**
- To calculate the actual fees for your production, please refer to Table 911-1 INSPECTON FEES, page VII, Agr 911 Rules
- Make checks payable to: "**TREASURER, STATE OF NH**"

APPLICATION DEADLINE IS FEBRUARY 1st AT THE CLOSE OF BUSINESS-4 PM

Please mail to:

DIVISION OF REGULATORY SERVICES
PO BOX 2042
CONCORD NH 03302-2042

(603) 271-3685