

## SECTION 11: Soil Health §205.203

1. How do you monitor soil health?

- |                                                  |                                                      |                                       |
|--------------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Soil Testing*           | <input type="checkbox"/> Observation of plant health | <input type="checkbox"/> Crop yields  |
| <input type="checkbox"/> Plant Tissue Testing    | <input type="checkbox"/> Observation of soil         | <input type="checkbox"/> Crop quality |
| <input type="checkbox"/> Other (describe): _____ |                                                      |                                       |

\*Date of last soil test= \_\_\_\_\_ ☐ NA

Indicate the soil test results, showing where improvements should be made.

2. What are the major components of your soil health management practices?

- |                                               |                                                  |                                                                |
|-----------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Animal Manure        | <input type="checkbox"/> Green Manures           | <input type="checkbox"/> Compost/Compost Tea                   |
| <input type="checkbox"/> Mined Lime           | <input type="checkbox"/> Biodynamic Preparations | <input type="checkbox"/> Incorporation of Crop/Pruning Residue |
| <input type="checkbox"/> Fertilizer Materials | <input type="checkbox"/> Foliar Fertilizers      | <input type="checkbox"/> Soil Inoculants                       |
| <input type="checkbox"/> Mulch                | <input type="checkbox"/> Cover Crops             | <input type="checkbox"/> Crop Rotation                         |
| <input type="checkbox"/> Fallow Rotation      | <input type="checkbox"/> Other (Describe): _____ |                                                                |

3. For each of the components checked in #2, describe why each practice has been implemented:

4. For each of the components checked in #2, describe the frequency of each practice.

5. Describe, in some detail, how you know your soil management practices are effective: