

## SECTION 5: Soil Health §205.203

1. How do you monitor soil health in your fields and pastures?

- |   |  |                                       |
|---|--|---------------------------------------|
| <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             |
| <input type="checkbox"/> Mined Lime           | <input type="checkbox"/> Biodynamic Preparations | <input type="checkbox"/> Rotational Grazing  |
| <input type="checkbox"/> Fertilizer Materials | <input type="checkbox"/> Cover Crops             | <input type="checkbox"/> Prevent Overgrazing |
| <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 your practices to manage soil pH, erosion and compaction:

**Materials Table:**

| Material Applied | Source of Material | Field ID(s) | Application Rate/Acre<br>& Date |
|------------------|--------------------|-------------|---------------------------------|
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