

(b)(4)



Pg 28

AMS02860

(b) (4)



pg 29

(b) (4)



(b) (4)



*Pg 31*

1/21/2010 12:53 PM

(b) (4)

Pg 32

(b) (4)

pg 33

(b) (4)



Pg 39

1/21/2010 12:44 PM

(b) (4)



pg 35

AMS02867

(b) (4)



pg 36

AMS02868

(b) (4)

(b) (4)



(b) (4)

pg 39

(b) (4)

pg 40

AMS02872

(b) (4)



pg 41  
1/21/2010 11:51 AM

AMS02873

(b) (4)



pg 42

AMS02874

(b) (4)

(b) (4)



pg 44

(b) (4)

pg 45  
1/21/2010 10:18 AM

(b) (4)



(b) (4)

pg 47

(b) (4)

*Pg 48*  
1/21/2010 10:27 AM

(b) (4)



Pg 49

AMS02881

(b) (4)

Pg 50

AMS02882

(b) (4)

(b) (4)



(b) (4)



(b) (4)



Pg. 54

AMS02886

(b) (4)



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

(b) (4)  
General Permit

The Notice of Intent (NOI) for the facility listed below was received on October 21, 2009. The intent to discharge manure, litter, and wastewater associated with an animal feeding operation activity into or adjacent to surface water in the state under the terms and conditions imposed by the (b) (4) general permit (b) (4) is authorized. Your facility's (b) (4) general permit authorization number is:

(b) (4)

Coverage Effective: December 16, 2004

Authorization Type (b) (4)

(b) (4)

(b) (4)

general permit requires certain pollution prevention and control measures, possible monitoring and reporting, and periodic inspections. Among the conditions and requirements of this permit, you must have prepared and implemented a pollution prevention plan (PPP) that is tailored to your operation. As a facility authorized to (b) (4) in the state under the (b) (4) general permit, all terms and conditions must be complied with to maintain coverage and avoid possible penalties.

### Permitted Site Information:

(b) (4)

HILLTOP DAIRY  
690 COUNTY ROAD 45  
EARTH, TX 79031-3501  
LAMB COUNTY

### Permittee:

(b) (4)

HILLTOP DAIRY LLC

This permit expires on July 20, 2014, unless otherwise amended. For additional information, see the TCEQ web site at [www.tceq.state.tx.us](http://www.tceq.state.tx.us) or contact the Land Application Team by telephone at (512) 239-4671. A copy of this document should be kept with your PPP.

Issued Date: 11/13/2009

FOR THE COMMISSION

(b) (5)

(b) (5)

# PERMIT ENCLOSED

Please contact this office immediately if any information on this permit/license is incorrect.

This permit shall be posted in a conspicuous location within the facility. Place permit/license in a protective sleeve or frame to protect the permit from its environment.

Permit fees are due every two years. Failure to submit the renewal fee before the expiration date will result in a late fee, as well as, proposed revocation of the permit/license for noncompliance as required of Chapter 217, Texas Administrative Code.

A permit will be amended if: (1) a name change of facility, (2) ownership change or (3) change of location of a permitted place of business takes place prior to the permit expiration date located below. To obtain an application for these amendments, call 512-834-6626 or download the application at [www.dshs.state.tx.us/fdlicense/apps.shtm](http://www.dshs.state.tx.us/fdlicense/apps.shtm)

If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626. If you have any questions or desire additional information concerning the application process or this permit/license, please contact the Food and Drug Licensing Group at (512) 834-6626.

HILL TOP DAIRY  
690 CR45  
EARTH TX 79031



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT GRADE 'A' MILK PERMIT

**HILL TOP DAIRY**

690 CR45

EARTH, TX 79031



*Pursuant to Health and Safety Code Chapter 435 and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by the licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:*

PRODUCER DAIRY

(b) (6)

PERMIT NO.: 037747

Expiration Date: 08/31/2012

NON-TRANSFERABLE

David L. Lahey, M.D.  
Commissioner

(b)  
(4)

**MUST BE DISPLAYED IN A CONSPICUOUS LOCATION WITHIN THE FACILITY**

AMS02890

# Quality Certification Services (QCS)

Hereby certifies that

(b) (4), (b) (6)



Meets the strict standards to be

## CERTIFIED ORGANIC

Quality Certification Services, a USDA National Organic Program and ISO-65 compliant organic certification program, has determined, based on a review of the above named entity's application and records, and inspection of its fields, facilities and processes, that the above named entity meets or exceeds the appropriate and applicable standards of organic production, handling, and processing. In displaying this certificate, the Certified Entity warrants that it is in, and will remain in, full compliance with the organic standards set by the USDA National Organic Program.

This certification does not expire and is good until surrendered, suspended, or revoked.

QCS Entity ID

(b) (4)

Effective Date:

7/13/2009



P.O. Box 12311  
Gainesville, FL 32604  
Phone: 352-377-0133

Facility Location(s)

Certified Product(s)

(b) (4)

Scope

(b) (4)

(b) (6)

(b) (6)

Certification Coordinator

CS-E-01,V1,R1,9-17-04



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

(b) (4), (b) (6)

Date Issued: June 11, 2010  
Last Updated: August 4, 2010

*The Product Verification Form does not replace the organic certificate. QCS issues separate organic certificates for NOP, EC 889/2008 & 834/2007 and CGSB Production System. This document is provided to describe the certified products and is valid only with the corresponding organic certificate(s).*

- \* Under the NOP, organic certification, once granted does not expire and remains good until the certification is surrendered, suspended or revoked.
- \* Under EC 889/2008 & 834/2007 organic certification expires on an annual basis.
- \* Under the Canadian General Standards Board Production System (CGSB), organic certification is valid until the results of the next annual evaluation are known and a new decision is rendered.
- \* US-Canada Equivalence Agreement (US-Canada EA)

### Certified Products and Facility Locations

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

#### 100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	June 2, 2010	(b) (4)
		June 2, 2010	
		June 2, 2010	



# QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	June 2, 2010	(b) (4)
		June 2, 2010	
		May 13, 2010	
		July 13, 2009	
		July 13, 2009	
		July 13, 2009	
		July 13, 2009	

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product (seed cleaning)	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 13, 2009	(b) (4)
		July 13, 2009	
		July 13, 2009	

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 20, 2009	(b) (4)



# QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

OCS Entity ID #

(b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 20, 2009	(b) (4)

OCS Entity ID #

(b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	

OCS Entity ID #

(b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	June 11, 2010	(b) (4)
		June 11, 2010	
		June 11, 2010	
		July 20, 2009	
		June 11, 2010	
		July 20, 2009	



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)

(b) (4), (b) (6)

### 100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	June 2, 2010	(b) (4)
		July 20, 2009	

QCS Entity ID #: (b) (4)

(b) (4), (b) (6)

### 100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	

QCS Entity ID #: (b) (4)

(b) (4), (b) (6)

### 100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	
		June 3, 2010	
		June 3, 2010	
		June 3, 2010	



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

### 100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	
		June 4, 2010	

Signed

(b) (6)

Certification Coordinator

Date:

8/4/2010



## Oregon Tilth Certified Organic

470 Lancaster Drive NE, Salem OR. 97301  
(503) 378-0690, fax (503) 378-0809

### Certification Acknowledgement

This is to certify that

(b) (4), (b) (6)

is certified organic by Oregon Tilth Certified Organic (OTCO)

(b) (4)

Certification Number

(b) (4)

The certified operation has complied with the Organic Foods Production Act of 1990  
and the applicable organic production and handling standards established by the  
USDA National Organic Program under 7 CFR Part 205.

The organic products processed are:

(b) (4)

The certified operation has been inspected annually by an agent of the OTCO program to  
verify to the best of our knowledge the standards have been met. Certification remains  
valid until surrendered, suspended, or revoked.

(b) (6)

Certified by OTCO since: 7/4/1996  
NOP effective date: 4/29/2002

(b)  
(6)

signed and dated

Certification Director



The following facilities are covered by (b) (4)

(b) (4)  
Class OP certificate (b) (4)

(b) (4), (b) (6)

(b) (6)  
(b) (6) and (b) (6) Certification Director

Certified by OTCO since: 7/4/1996  
NOP effective date: 4/29/2002

# Certificate of Conformity

## USDA National Organic Program

OCT 06 2010



Reg. # (b) (4)

Pro-Cert Organic Systems Ltd. (Pro-Cert) hereby certifies that the above operation is compliant with the United States Federal Organic Food Products Act of 1990 (OFPA) and the United States Department of Agriculture (USDA) National Organic Program (NOP). This certification is based on the evaluation of: (i) an application containing the organic handling plan, (ii) the results of an inspection of the operation, (iii) ingredient supplier records and (v) such tests or other information deemed essential by the certifying agent. The NOP status of the various products is specified in the attached Organic Production Summary which is part of this certificate.

Categories of Organic Certification: (b) (4)

Products Certified Organic:



See the attached Organic Production Summary

Effective Date of Certification: July 14, 2008

Date of Last Inspection: July 8, 2010

This certification remains in effect until surrendered by the holder or until revoked by Pro-Cert, a state organic program official or the NOP Administrator. However, continuation of the certification requires an annual update of the organic production/handling plan, an annual inspection (within the first 6 months following the anniversary date) and annual evaluation by Pro-Cert.

Certification System: #6 according to ISO/IEC Guide 67

(b) (6)  
J. Wallace Hamlin, M.Sc., P.Ag.  
General Manager

**Pro-Cert**  
ORGANIC

Date of Issue: September 28, 2010  
Replaces Document Dated August 26, 2010

Via the Head Office:

Box 100A, RR#3 - 475 Valley Road  
Saskatoon, SK Canada S7K 3J6  
Ph: (306) 382-1299 Fax: (306) 382-0683  
[www.pro-cert.org](http://www.pro-cert.org)



Doc # : PC 5.7.1 NOP PROC HO  
Version 1; Effective 03/01/09

2010

OCT 06 2010

## Organic Production Summary

(b) (4), (b) (5)

Reg. # (b) (4)

Pro-Cert Organic Systems Ltd. (Pro-Cert) offers certification to a range of programs including the National Standards of Canada (CAN/CGSB 32.310 and .311) and the Canadian Organic Products Regulation 2009 (COR), the United States Department of Agriculture National Organic Program (NOP), EEC Reg. 834/07 & 889/08 (EEC), the Japanese Agricultural Standard (JAS) and the Quebec Organic Reference Standards (CARTV). This document lists the organic products and their compliance with these organic programs in this certification period. It is part of the Certificate(s) of Conformity issued by Pro-Cert to the above-named applicant.

This document also specifies compliance with the Canada/US Equivalency Arrangement (COR/NOP) and the US/Japan Export Arrangement (NOP/JAS) if applicable.

Inspection Date: August 4, 2010

Initial Inspection Date: July 14, 2008

### Products Certified 100% Organic

Product	Brand Name	COR	NOP	COR/ NOP	JAS	NOP/ JAS	EEC	CARTV
---------	------------	-----	-----	-------------	-----	-------------	-----	-------

(b) (4)

(b) (4), (b) (6)

Reg. (b) (4)

Inspection Date: August 4, 2010

Initial Inspection Date: July 14, 2008

**Products Certified 100% Organic**

Product	Brand Name	COR	NOP	COR/ NOP	JAS	NOP/ JAS	EEC	CARTV
(b) (4)								

**Products Certified Organic**

Product	Brand Name	COR	NOP	COR/ NOP	JAS	NOP/ JAS	EEC	CARTV
(b) (4)								

Page 2 of 4

Doc #: PC 5.7.1 OPS Brand Multi  
Version 2; Effective 07/01/09



Reg. # (b) (4)

Inspection Date: August 4, 2010  
Initial Inspection Date: July 14, 2008

Products Certified Organic

Product	Brand Name	COR	NOP	COR/ NOP	JAS	NOP/ JAS	EEC	CARTV
(b) (4)								



(b) (4), (b) (6)

Reg. # (b) (4)

Inspection Date: August 4, 2010

Initial Inspection Date: July 14, 2008

**Products Certified Organic**

Product	Brand Name	COR	NOP	COR/ NOP	JAS	NOP/ JAS	EEC	CARTV
(b) (4)								
(b) (6)								

J. Wallace Hamm, M.Sc., P.Ag.  
General ManagerSeptember 28, 2010

Date

Replaces Document Dated September 20, 2010.

***Brian Boehning Dairy***

690 CR 45

Earth, TX 79031

806-946-8273

(b) (4)

Custom Processor Name

(b) (4)

Address

(b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral  
product being processed

(b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant  
procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(b)(4)



***Brian Boehning Dairy***

690 CR 45

Earth, TX 79031

806-946-8273

(b) (4)

Custom Processor Name

(b) (4)

Address

(b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral  
product being processed

(b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant  
procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(b) (4)



***Brian Boehning Dairy***

690 CR 45

Earth, TX 79031

806-946-8273

(b) (4)

Custom Processor Name

(b) (4)

Address

(b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral  
product being processed

(b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant  
procedures.

Signature

Date

(b) (4)



(b) (4)





**TEXAS DEPARTMENT OF AGRICULTURE**

**TODD STAPLES, COMMISSIONER**

**P.O. BOX 12847 AUSTIN, TX 78711-2847**

**1-800-TELL-TDA (1-800-835-5832)**

**For the hearing Impaired: (1-800-735-2989) TDD (1-800-735-2988) VOICE**

**[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)**

**ORGANIC CERTIFICATE**

This certifies that the entity listed below is an ORGANIC Land Producer under the provisions of Texas Agricultural Code Chapter 18 and the USDA National Organic Program, 7 CFR Part 205

(b) (4), (b) (6)

Client Name: (b) (4)  
Client No:

CERTIFICATE NO: (b) (4)  
NOP Effective Date: 12/22/2008  
Certified Since: 12/22/2008

CERTIFICATION CLASSIFICATION: Land Producer  
Certificate Last Updated: 3/1/2010  
CERTIFICATION CLASS:

**THIS CERTIFICATION IS NON-TRANSFERABLE**



TEXAS DEPARTMENT OF AGRICULTURE  
TODD STAPLES, COMMISSIONER

P.O. BOX 12847 AUSTIN, TX 78711-2847  
1-800-TELL-TDA (1-800-835-5832)

For the hearing impaired: (1-800-735-2989) TDD (1-800-735-2988) VOICE

[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)

Client Name: (b) (4)  
Client No: (b) (4)  
CERTIFICATE NO: (b) (4)

CERTIFICATE YEAR: 2010

CERTIFICATION CLASSIFICATION: (b) (4)

ORGANIC CERTIFICATION IS APPLICABLE TO THE FOLLOWING:

(b) (4)

Field Name	# Acre	# Sq Ft	Product Description	Transitional/Organic?	Trans Ends:
(b) (4)					



TEXAS DEPARTMENT OF AGRICULTURE

TODD STAPLES, COMMISSIONER

P.O. BOX 12847 AUSTIN, TX 78711-2847

1-800-TELL-TDA (1-800-835-5832)

For the hearing impaired: (1-800-735-2989) TDD (1-800-735-2988) VOICE

[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)

**ORGANIC CERTIFICATE**

This certifies that the entity listed below is an ORGANIC Land Producer under the provisions of Texas Agricultural Code Chapter 18 and the USDA National Organic Program, 7 CFR Part 205

(b) (4), (b) (6)

Client Name

(b) (4)

Client No:

CERTIFICATE NO. (b) (4)

NOP Effective Date: 7/3/2007

Certified Since: 7/3/2007

CERTIFICATION CLASSIFICATION:

(b) (4)

Certificate Last Updated: 3/1/2010

CERTIFICATION CLASS:

THIS CERTIFICATION IS NON-TRANSFERABLE



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing Impaired: (800) 735-2988 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
*Organic Inspection Findings*

**ROR-660**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>	
	Client Name HILLTOP DAIRY LLC	TDA Client No. (b) (4)
	Facility Name HILLTOP DAIRY, LLC	TDA Account No. (b) (4)

<b>SECTION B</b>	<b>INSPECTION INFORMATION</b>	
	Inspection Type Routine	Inspection ID No. (b) (4)
	Inspector ID 07575	Inspector Name (b) (6)
	Date 6/7/2012 <small>Enter as MM/DD/YYYY</small>	Time 11:56 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	County Code 279	County LAMB
	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<b>SECTION C</b>	<b>FINDINGS</b>
	Certification Type: ORGANIC LIVESTOCK PRODUCER (b) (4)

TDA License No. 0595994 Inspector ID No. 07575 Inspection Date 6/7/2012**SUMMARY FOR PRODUCER**Person present at time of inspection: Brian Boehning

(b) These findings and all comments were discussed with the inspection observer during the exit interview.

**COMMENTS**

(b) (4)

SECTION D



Texas Department of Agriculture  
Producer Organic System Plan

ROR-607

TODD STAPLES, COMMISSIONER

VERIFICATION INFORMATION		(b) (4)	(b) (4)	(b) (4)
		New Application	Annual Update	Change to OSP
SECTION A	Full Legal Business Name	D.B.A. (if applicable)		
	Facility Name			
	Social Security No. (S)	Federal Taxpayer ID (f)		

GENERAL INFORMATION AND DOCUMENTATION CHECKLIST	
Please fill out this form if you are requesting organic producer certification for land. Use additional sheets if necessary. Complete all sections of the form, or mark "Not Applicable" where appropriate. If your operation is currently certified by TDA and you are submitting one or more changes to your Organic System Plan (OSP), complete only the sections that have changed and mark the corresponding check box(s) below. Failure to complete applicable sections of the form will delay processing your application for certification. Sign and date this form. Please use this checklist to ensure that your application is complete and to avoid processing delays.	
SECTION B	(b) (4) Completed and enclosed form ROR-600, Application for Organic Certification.
	(b) (4) City or County Map designating general directions and locations of farms or fields
	(b) (4) Additional documentation to verify farm history
	(b) (4) Aerial maps and FSA base records for the previous three years of each field to be certified.
	(b) (4) Form ROR-621 Previous Land Owner/Manager Affidavit for Organic Land Certification.
	(b) (4) Any supporting affidavits or statements regarding three-year production and input history.
	(b) (4) General Farm Map (Section C)
	(b) (4) Listing of Fields, Greenhouses/Indoor Production Area (Section D)
	(b) (4) Field Crop/Greenhouse Plan for the one year certification period (Section E)
	(b) (4) Preceding three-year material use information (Section F)
	(b) (4) Buffer Zone Information (Section G)
	(b) (4) Greenhouse/Indoor Unit Information (Section H)
	(b) (4) Record Keeping History and Plan (Section I)
	(b) (4) Soil and Crop Fertility Management (Section J)
	(b) (4) Recommended Tests (See instructions for information on tests)
	(b) (4) Soil Fertility Test Results
	(b) (4) Water Quality Test Results (only if irrigation used)
(b) (4) Soil and Water Conservation Plan (Section K)	
(b) (4) Propagation Materials (Section L)	
(b) (4) Copies of Organic Certificates for certified organic seed	
(b) (4) Form ROR-622 Organic Seed and Planting Stock Disclosure	
(b) (4) Pest Management Plan (Section M)	
(b) (4) Maintenance of Organic Integrity (Section N)	
(b) (4) All applicable input labels	
(b) (4) Affirmation Statement (Section O)	

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

**GENERAL INFORMATION (CONTINUED)**

Do you intend to certify any livestock?

(b) (4) Yes (b) (4) No

(livestock includes all type of animals raised to produce organic food or fiber)

If yes, have you filled out Organic Livestock form (ROR-603)?

(b) (4) Yes (b) (4) No

Please note that you must complete an Organic Livestock Producer Supporting Documentation form (ROR-603) in order to certify animals. Please contact the Texas Department of Agriculture (TDA) Organic Certification Program with questions or to request additional forms.

SECTION B (CONTINUED)

Do you conduct any on-farm processing? (cleaning, milling, bagging, bottling, etc.)

(b) (4) Yes (b) (4) No

If yes, you may need to fill out an Organic Processor Supporting document form. Please contact the TDA Organic Certification Program to confirm which processor form you will need to complete or to request additional forms.

Do you have any off-farm processing done? (cleaning, milling, bagging, bottling, etc.)

(b) (4) Yes (b) (4) No

If yes, the processing facility must also apply for certification of organic product prior to handling/processing of your organic product

Do you have any on-farm storage? (b) (4) Yes (b) (4) No

If yes, please provide a brief description of what products will be stored.

(b) (4)

Please describe what your sanitation and handling practices are.

(b) (4)

**GENERAL FARM MAP**

On the General Farm Map diagram page that follows, display the layout of your farm with relative location of all fields. Fields should be separate and distinct with a field numbering system that is followed throughout this application. Do not duplicate field numbers.

For larger farms, make copies of the General Farm Map diagram page as needed for multiple field locations

Show the following on your map(s): field boundaries (fences, roads windbreaks, etc), buffer zones, adjoining land use, well locations, waterways, buildings, and other landmarks.

If you have multiple locations, indicate which location each map represents.

(b) (4)



Business Name \_\_\_\_\_

Page   4   of   4  

SECTION D							
1. LISTING OF FIELDS, GREENHOUSES/INDOOR PRODUCTION AREAS - Please see instructions							
Unit/Field No. should coincide with numbering system used on map(s) in Section C. The transition Expiration Date is equal to 36 months from the date that a prohibited substance was last used on a field.							
Unit/Field No.	USDA-FSA No. (if applicable)	County	Unit/Field Type	Size		Transition Expiration Date	Is this field irrigated?
				No.	Type		
(b)(4)	(b)(4)		Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.	(b)(4)	<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	(b)(4) Yes (b)(4) No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No
			Organic (b)(4) Transitional Organic Greenhouse/Indoor Prod. Transitional Greenhouse Prod.		<input checked="" type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	Yes No

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

SECTION D							
1. LISTING OF FIELDS, GREENHOUSES/INDOOR PRODUCTION AREAS - Please see instructions							
Unit/Field No. should coincide with numbering system used on map(s) in Section C. The transition Expiration Date is equal to 36 months from the date that a prohibited substance was last used on a field.							
Unit/Field No.	USDA-FSA No. (if applicable)	County	Unit/Field Type	Size		Transition Expiration Date	Is this field irrigated?
				No.	Type		
	(b) (4)		<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.	(b) (4)	ft.	(b) (4) month day year	(b) (4) Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		ft.	(b) (4) month day year	Yes No

Business Name

Page of

**1 FIELD CROP/GREENHOUSE PLAN FOR THE ONE-YEAR CERTIFICATION PERIOD** NOP §205.202(c) & §205.205

Complete the table below and show all fields. The acreage listed in this table must equal the information entered in other Sections, the field/farm histories, and the map. Show the entire crop rotation for the year, including fallow periods, cover crops, green manure crops, etc. Pastures are considered a crop and must be listed on each form.

Crop Year: 2011

Unit/ Field No.	Estimated Acre/Sq Ft. Each Crop	Crop Name	Crop Use (H) Harvest (F) Forage.	Estimated Planting Date	Estimated Harvest Date
(b) (4)					

SECTION E

PRECEEDING THREE-YEAR MATERIAL USE INFORMATION									
Field or Production Unit No. (b) (4)		NOP §205.202(b) & §205.201(b)(2) (b) (4) Not Applicable – no materials of any kind have been used during the last 3 years							
Proceed to Section G - Buffer Zone Information									
Annual Update	Previous Year	Current Year	2 Years Ago (b) (4)		3 Years Ago (b) (4)		Date Last Used		
New Application	Previous Year	Material Name	Date Last Used	Material Name	Date Last Used	Material Name	Date Last Used	Material Name	Date Last Used
Insecticides	<div style="background-color: black; color: red; text-align: center; padding: 10px;">                     (b) (4)                 </div>								
Fungicides									
Herbicides									
Growth Regulators									

Continued on Next Page



NOP §205.201(a)(5) & §205.202(c)

**List specific buffer areas you maintain.**  
(indicate all adjoining land uses on your field maps)

**(b)** Not applicable – Buffer zones are not needed to prevent contamination - Proceed to Section H – Greenhouse Indoor Unit Information

Location or Field No.	Type of buffer (crop, treeline, wildlife, planting, grass strip, etc.	Width of buffer	Adjoining land use	If crop is harvested from buffer, describe use (sale, non-organic livestock feed, seed, etc.)
(b) (4)				

(b) (4)

(b) [REDACTED] maps attached to this form.)

(4) no roadside maintenance

mowing only, by

(b) (4) Herbicide/pesticide spraying by state, county or local road crews  
land owner/manager maintains R.O.W. (Right-of-way)

Business Name

Page of

SECTION G (CONTINUED)		1 BUFFER ZONE INFORMATION (CONTINUED)		NOP RULE §205.201(A)(5) & §205.202(C)				
SECTION G (CONTINUED)	Have you posted "No Spray" signs along roadside right-of-ways that adjoin organic fields?	(b) (4)	Yes	(b) (4)	No			
	Have you communicated with entities responsible for roadside maintenance about your organic status?	(b) (4)	Yes	(b) (4)	No			
	Do any fields or portions of fields flood frequently? (more than once every ten years)	(b) (4)	Yes	(b) (4)	No			
	Do flood waters flow onto your land from areas that may pose a risk of contamination (i.e. manufacturing facilities, conventional farms, open waterway, etc.)	(b) (4)	Yes	(b) (4)	No			
	How do you monitor for crop contamination?	(b) (4)	Visual Observation	(b) (4)	Residue Analysis	(b) (4)	GMO Testing	
	(b) (4) Other (list)	(b) (4)	Photographs	(b) (4)	Wind Direction Speed Data			
How often do you conduct crop contamination monitoring?	(b) (4)	Weekly	(b) (4)	Monthly	(b) (4)	Annually	(b) (4)	As Needed
(b) (4) Other (list)								

SECTION H		1 GREENHOUSE-INDOOR UNIT INFORMATION		2 GREENHOUSE-INDOOR UNIT INFORMATION - PRODUCTION SYSTEM	
SECTION H	Complete for each production unit (as listed in Section D).	Applicable -- No greenhouse-indoor unit			
	Greenhouse-Indoor Production Unit No.	Proceed to Section I -- Record Keeping History			
	(b) (4)				
	(Check all that apply)				
	(b) (4) In-ground (soil)	(b) (4) Raised beds	(b) (4) Soil filled benches	(b) (4) Lined benches	
	(b) (4) Containers/pots	(b) (4) Suspended containers/pots	(b) (4) Plastic/paper bags	(b) (4) Plastic covered floor	
	(b) (4) Hydroponics	(b) (4) Sprouts (water only)	(b) (4) Sprouts (in growing medium)		
	(b) (4) Other (describe)				
	Do you grow seedlings for transplants?	(b) (4) Yes	(b) (4) No		
	What types of input products do you use, or plan to use, in the greenhouse? (List all input products in Section J.)				
(b) (4) Soil additives	(b) (4) Foliar feed	(b) (4) Pest management	(b) (4) Disease management.		
Do you use commercial soil media?	(b) (4) Yes	(b) (4) No			
If yes, what is the product name and ingredients? Please include a product label	(b) (4) Label Included				
(b) (4)					
Do you make your own planting medium?	(b) (4) Yes	(b) (4) No			
If yes, list all ingredients used:					
(b) (4)					

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**3 GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING TYPE**

(b) Individual greenhouse unit (b) Gutter-connected greenhouse units (b) Partitioned greenhouse units  
 (4) Enclosed building (4) Enclosed individual room (4) Other (describe)

**4 GREENHOUSE-INDOOR UNIT INFORMATION - AREA SIZE (in feet)**

Length	(b) (4)	Width	(b) (4)	Number of sections	(b) (4)	Total Sq. Ft.	(b) (4)
--------	---------	-------	---------	--------------------	---------	---------------	---------

**5 GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION****Covering**

(b) None (b) Glass (b) Wood or plastic lathe  
 (4) Polyethylene (4) Wire screen (4) Plastic/fiberglass  
 Shade cloth Wallboard/paneling/wood covering  
 Other (list)

**Framing**

☐ Wood ☐ Metal ☐ Plastic ☐ Other (list)

**Flooring**

(b) Soil (b) Gravel (b) Wood (b) Concrete (b) Other (list)  
 (4) (4) (4) (4) (4)

**Cooling system (i.e.; water evaporative pads, air-cell, etc.)**

(b) Controls only unit to be certified  
 (4) Controls multiple units - Are all certified? (b) Yes (b) No  
 (4) (4)

If no, how do you prevent contamination? Explain:

(b) (4)

(b) Other (list)  
 (4)

**Fans, heaters, air exchange systems**

(b) Controls only unit to be certified  
 (4) Controls multiple units: - Are all certified? (b) Yes (b) No  
 (4) (4)

If no, how do you prevent contamination? Explain:

(b) (4)

☐ Other (list)**Irrigation watering systems**

(b) Supplies only unit to be certified  
 (4) Supplies multiple units - Are all certified? (b) Yes (b) No  
 (4) (4)

If no, how do you prevent contaminations? Explain:

(b) (4)

☐ Other (List)

SECTION H (CONTINUED)

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

SECTION H (CONTINUED)	<b><sup>3</sup> GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION (CONTINUED)</b>	
	Do drainage, gutters, and/or water collection systems prevent contamination of run-off from other areas, buildings or additional greenhouses? (b) Yes (b) No (b) N/A – no prohibited materials used in adjacent areas/buildings	
	Are any prohibited materials applied within 50-feet of the greenhouse or production area? (b) Yes (b) No	
	If yes, how are these areas protected from prohibited materials? (b) (4)	
	Is all information on this page identical for other units? (b) Yes (b) No	
	If yes, please list unit numbers: (b) (4) (separate pages for these units are not required)	
How are pests and diseases managed in the greenhouse? Explain (b) (4)		

SECTION I	<b><sup>1</sup> RECORD-KEEPING HISTORY – In the three years prior to application for certification</b>		<b>NOP §205.103</b>
	Has there been any agricultural use of the land (including turf, pasture and/or lawn)? (b) Yes (b) No		
	(If no, Skip to Subsection <sup>2</sup> Record-Keeping Plan)		
	Have any farm activity records been maintained? (cultivation, planting, irrigation, etc.)		
	Have any records been kept of purchase, types of materials and application of off-farm inputs? (soil amendments)		
	Have any records of purchase, certification or treatment of propagation materials been maintained?		
	If any crops have been produced, have production records been maintained?		
	If any crops have been produced, have sales records been maintained?		
	<b><sup>2</sup> RECORD-KEEPING PLAN</b>		
	Please indicate the records that you maintain or will maintain regarding your Organic production:		
	(b) Previous Land Use Affidavit	(b) Storage Records	
	(4) Field Activity Log	(4) Harvest Records	
	Copies of No Spray Letters	Sales Records	
	Documentation of Seedling Production	Clean Transportation Affidavit	
	Documentation of Seed Production	Monitoring Records (soil or water test, etc.)	
Fertility Input Labels	Documentation of Attempts to Source Organic Seeds or		
Manure Application Records	Planting stock.		
Compost Production Records	Complaint Log		
Pest Control Labels	Photographs		
Labor Records	Other: _____		
Equipment Cleaning Records			
How many years do you plan to maintain records related to your organic production?			
(b) (4)			

NOP §205.203 &amp; §205.205

**1 SOIL AND CROP FERTILITY MANAGEMENT - GENERAL INFORMATION AND EVALUATION**What are your general soil types? (b) (4) Sandy (b) (4) Sandy Loam (b) (4) Loam (b) (4) Clay (b) (4) Clay Loam ☐ Other

Are these soils Highly Erodible (HEL)? (b) (4) Yes (b) (4) No (b) (4) Do not know

How do you monitor the effectiveness of your fertility management program?

(b) (4) Soil testing	(b) (4) Tissue testing	(b) (4) Crop quality testing
(b) (4) Observation of soil	(b) (4) Observation of crop yields	
(b) (4) Other (explain)		

<sup>1</sup> Provide copies of soil test results. (b) (4) Copies Attached<sup>2</sup> How will you record or document your observations?

(b) (4)

What are your soil /nutrient deficiencies? (List below and provide a copy of your most recent soil analysis if applicable).

(b) (4) Copy Attached

What is the organic matter level in your soil?

(b) (4)

What are the major components of your soil and crop fertility plan? (check all that apply)

(b) (4) Crop rotation	(b) (4) Inter-planting	(b) (4) Green manure plow down/cover crops
(b) (4) Incorporation of crop residues	(b) (4) Sub-soiling	(b) (4) On-farm manures
(b) (4) Compost	(b) (4) Soil inoculants	(b) (4) Off-farm manures
(b) (4) Soil amendments	(b) (4) Side dressing	(b) (4) Summer fallow
(b) (4) Other		

Describe your plan to increase or balance nutrients and to maintain or improve organic matter:

(b) (4)

SECTION J

**SECTION J (CONTINUED)**

Do you apply sewage sludge (biosolids) to field? (b) (6) yes (b) (6) no If yes, date of last application? (b) (6) (b) (6)

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**SOIL AND CROP FERTILITY MANAGEMENT - COMPOST USE****(b) Not Applicable - No compost used -  
Proceed to Section J - C. Manure Use**

NOP Rule 205.203(c)(2) requires that the composting process include a carbon to nitrogen ratio between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.

Do you mix your own compost? **(b) Yes (b) No**List all compost feedstock ingredients and additives. **(b) (4)**What is your C:N ratio? **(b) (4)**Do you monitor the temperature? **(b) Yes (b) No** If yes, what average temperature is maintained? **(b) (4)**How long is this temperature maintained? **(b) (4)**Is compost windrowed? **(b) Yes (b) No** If yes, how many times are materials turned? **(b) (4)**Do you use commercial compost or compost made off-site? **(b) Yes (b) No**  
If yes, attach copies of labels or a list of ingredients and their source. **(b) (4) Copies Attached****SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE****(b) Not Applicable - No manure used -  
Proceed to Section K - 1 Soil and Water  
Conservation Plan**

NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil surface or soil particles, or 90 days prior to harvest for all other crops for human consumption.

What forms of manure do you use? **(b) None (b) (4)**  
**(b) Liquid (b) Semi-solid (b) (4) (b) (4) Fully composted**  
**(b) Other (list) (b) (4)**

What types of crop(s) do you grow? (Check all that apply)

- (b) Crops not used for human consumption**  
**(b) Crops for human consumption whose edible portion has direct contact with the soil or soil particles**  
**(b) Crops for human consumption whose edible portion does not have direct contact with the soil or soil particles**

If you grow crops for human consumption and use raw manure, complete the following table. If composting manure, please complete Section J - B. Compost Section above.

Crop(s)	Field No.	Date Manure Applied or plan to apply	Amount Applied	Expected Date of Harvest
<b>(b) (4)</b>				

Business Name

Page of

**3SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE (CONTINUED)**

What is the source of the manure you use? (b) (4) On-Farm (b) (4) Off-Farm

List all sources of off-farm manure.

(b) (4)

List all manure ingredients.

Is anything added to the manure? (b) (4) Yes (b) (4) No

If yes, list all additives.

(b) (4)

What are the potential contaminants? (nit additives, feed additives, pesticide, antibiotics, heavy metals, etc.)

(b) (4)

If the manure is tested for contaminants, please attach a copy of the results (b) (4) Copy Attached (b) (4) Not Tested

SECTION J (CONTINUED)

Business Name

Page of

**'SOIL AND WATER CONSERVATION PLAN** NOP §205.200(b) (4) Not Applicable (indoor, GHS)  
Proceed to Section L - 'Propagation Materials

Do you maintain annual rainfall records? (b) (4) Yes (b) (4) No

Indicate soil and water conservation methods used in your farm management plan: (check all that apply)

(b) (4) Terracing	(b) (4) Benching	(b) (4) Contour farming
(b) (4) Conservation tillage	(b) (4) Furrow diking/basins	(b) (4) Land leveling
(b) (4) No-till or minimum till planting	(b) (4) Waterways	
(b) (4) Other		

Indicate other soil and water conservation methods used in non-production areas:

(b) (4) Grassed waterways

(b) (4) Tail-water recovery systems (i.e.; ponds, basins, ditches, borders)

(b) (4) Grassed or cover cropped borders, roads, fence-lines, field parameters, ditches, embankments

(b) (4) Cover crops, mulches and surface crop residues in seasons of non-production or in non-production areas

(b) (4) Other (list)

What soil erosion problems do you experience? (b) (4) Wind erosion (b) (4) Water erosion (if water, what type? Show areas of water erosion on all applicable maps).

Describe your efforts to minimize all soil erosion problems listed above.

(b) (4)

How do you monitor the effectiveness of your soil conservation program?

(b) (4)

WATER Use: (b) (4) Only natural rain fall

(b) (4) Irrigation	(b) (4) Livestock	(b) (4) Foliar sprays	(b) (4) Washing crops	(b) (4) Greenhouse	(b) (4) Other (list)
--------------------	-------------------	-----------------------	-----------------------	--------------------	----------------------

Sources of water (b) (4) On-Site Well(s) (b) (4) River/Creek/Pond (b) (4) Spring (b) (4) Irrigation District

(b) (4) Municipal/County

(b) (4) Other (list)

Type of Irrigation System: (b) (4) None

(b) (4) Drip (b) (4) Flood (b) (4) Sprinkler (center pivot, sideroll, big gun, etc.) ☐ Other (list)

What input products are applied through the irrigation system?

(b) (4)

What products do you use to clean irrigation lines/nozzles?

(b) (4)

Is the system flushed between conventional and organic use? (b) (4) Yes (b) (4) No

If yes, is this documented? (b) (4) Yes (b) (4) No

(b) (4)

SECTION K

Business Name

Page of

SECTION K (CONTINUED)	<b>1 SOIL AND WATER CONSERVATION PLAN (CONTINUED)</b>	
	What practices are used to protect water quality?	(b) (4) Scheduling (b) (4) Fencing to limit livestock access
	(b) (4) Tensiometer/monitoring (b) (4) Compost/fertilizer stored or protected from water sources (b) (4) Laser leveling	
	How often do you conduct water quality monitoring?	(b) (4)
	Date your water was last tested (b) (4)	(b) (4) (Attach a copy of your last test) (b) (4) Copy Attached (b) (4) N/A
	Does your water contain excess salts or nutrients that affect your soil improvement plan?	(b) (4) Yes (b) (4) No
	If yes, how are these issues addressed?	(b) (4)

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**<sup>1</sup> PROPAGATION MATERIALS**

NOP §205.204

Annual seedlings must be produced according to organic standards. Non-organic perennial plantings (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic seeds and planting stock must be used if commercially available. Contact us if you need to request a variance to use non-organic seedlings because of an emergency.

What kinds of propagation materials do you use?

(b) (4) seeds	(b) (4) Cuttings	(b) (4) Bulbs	(b) (4) Crowns	(b) (4) Budding	(b) (4) Annual Transplants
(b) (4) Rootstock	(b) (4) Offsets	(b) (4) Shoots	(b) (4) Slip	(b) (4) Tubers	(b) (4) Rhizomes
(b) (4) Perennials	(b) (4) Sprigs	(b) (4) Seedlings	(b) (4) Trees	(b) (4) Grafts	(b) (4) Perennials
(b) (4) Other (list)					

**<sup>2</sup> PROPAGATION MATERIALS - ANNUALS**

(b) (4) Not Applicable - No annuals used

Proceed to Section L - B, Perennial Plant Stock

Do you purchase organic propagation materials? (b) (4) Yes (b) (4) No (b) (4) Some, but not all

If yes, who are the Suppliers? (b) (4)

What proportion of your propagation materials are organic? (b) (4) 100% (b) (4) Over 50% (b) (4) Under 50% (b) (4) None

If certified, by which agency? (b) (4)

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) (b) (4) Yes (b) (4) No

If yes, list:

(b) (4)

If you are NOT using organic seed or planting stock, explain how the varieties fulfill an essential function in your farm plan.

(b) (4)

How do you document your attempts to locate organic seed and planting stock?

(b) (4)

Have you kept your seeds labels?

(b) (4) Yes (b) (4) No

Do you have all labels for seed inoculants?

(b) (4) Yes (b) (4) No

Do you have invoices for all your purchases of propagation materials?

(b) (4) Yes (b) (4) No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? (b) (4) Yes (b) (4) No

SECTION L

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**<sup>3</sup>PROPAGATION MATERIALS - PERENNIAL PLANT STOCK**

(b) (4) Not Applicable - No perennial plant stock used

Proceed to Section M - <sup>4</sup>Pest, Disease and Weed Management Plans

Do you purchase organic propagation materials? (b) (4) Yes (b) (4) No (b) (4) Some, but not all

If yes, who are the Suppliers? (b) (4)

What proportion of your propagation materials are organic? (b) (4) 100% (b) (4) Over 50% (b) (4) Under 50% (b) (4) None

If certified, by which agency? (b) (4)

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) (b) (4) Yes (b) (4) No

If yes, list:

(b) (4)

If you are NOT using organic seeds or planting stock, explain how the varieties fulfill an essential function in your farm plan.

(b) (4)

How do you document your attempts to locate organic seeds and planting stock?

(b) (4)

If you are using non-organic perennial stock, explain how you will bring it into organic production?

(b) (4)

Have you kept your seeds labels?

(b) (4) Yes (b) (4) No

Do you have all labels for seed inoculants?

(b) (4) Yes (b) (4) No

Do you have all labels for seed coatings?

(b) (4) Yes (b) (4) No

Do you have invoices for all your purchases of propagation materials?

(b) (4) Yes (b) (4) No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? (b) (4) Yes (b) (4) No

SECTION L (CONTINUED)

NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest and disease problems, and manages deficient or excess plant nutrients. Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.

## **2. PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT**

What are your problem pests? (Check all that apply) ☒ Insects ☒ Rodents ☒ Gophers ☒ Birds  
☒ Other (list)

Do you work with a nest control advisor? (b) Yes (b) No (If yes, give name and contact information)

What strategies do you use to control pest damage to crops? (b) None Used

**(b) Timing of planting**

(b) Development of habitat for natural enemies

#### (4) Companion planting

(4) Selection for plant species/variety

### Physical barriers

Release of predators/parasites of pest species

## Insect repellents

### Use of approved products

## Animal repellents

### Use of restricted products

### Hand picking

Limited use of prohibited products

Other (list)

## SECTION M

List all management used or intended for use on your organic and transitional field/crops *None - as soil*

Regulatory Division  
20

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**<sup>2</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT (CONTINUED)** NOP §205.205 & §205.206

How do you monitor the effectiveness of your pest management program?

(b) (4)

How often do you conduct pest monitoring?

(b) (4)

**<sup>3</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS - DISEASE MANAGEMENT** NOP §205.205 & §205.206

What diseases are a concern in the crops you grow?

What disease prevention strategies do you use?

(b) (4) Resistant varieties

(b) (4) Cultural controls

(b) (4) Timing of planting/cultivating

(b) (4) Crop rotation

(b) (4) Companion planting

(b) (4) Herbal preparations

(b) (4) Plant spacing

(b) (4) Intercropping

(b) (4) Allowed materials (dormant oil, vinegar)

(b) (4) Soil balancing

(b) (4) Compost/tea use

(b) (4) Restricted materials (Bordeaux mixture, sulfur)

(b) (4) Other

List all disease management inputs used or intended for use on your organic and transitional field/crops.

Disease Problem

Control Product

Status  
(A) Approved  
(R) Restricted  
(P) Prohibited

If restricted, describe compliance with NOP rule annotation

(b) (4)

SECTION M (CONTINUED)

How do you monitor the effectiveness of your disease management program?

(b) (4)

How often do you conduct disease monitoring?

(b) (4)

Do you keep a record of how often you utilize these disease control methods, i.e. dates when you scout or apply inputs to a specific field or crop? (b) (4) Yes (b) (4) No

Business Name

Page of

**PEST, DISEASE AND WEED MANAGEMENT PLANS - WEED MANAGEMENT**

NOP §205.205 &amp; §205.206

What are your weed problems?

(b) (4)

What weed control methods do you use?

(b) (4)

Crop rotation

(b) (4)

State seed bed planting

(b) (4)

Soil sterilization

(b) (4)

Flame weeding

Field preparation

Prevention of weed seed set

Mechanical cultivation

Steam weeding

Hand weeding

Monitoring soil temperature

Soap-based herbicides

Electrical

Mowing

Use of fast emerging varieties

Use of hand tools

Smother crops

Synthetic mulch

Non-synthetic mulch

Livestock grazing

Delayed seeding

Black fallow

Other (list)

Do you keep records of how often you utilize these weed control methods, i.e. dates and fields when you cultivate or apply a soap-based herbicide? (b) (4) Yes (b) (4) No

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?

(b) (4)

Yes

(b) (4)

No

(b) (4)

N/A

no plastic or other synthetic mulches used

If no, explain.

Do you use soap-based herbicides?

(b) (4)

Yes

(b) (4)

No

If yes, list all areas where used.

(b) (4)

Do you use newspaper or other recycled paper for mulch?

(b) (4)

Yes

(b) (4)

No

If yes, do you use paper with glossy or colored inks?

(b) (4)

Yes

(b) (4)

No

How do you monitor the effectiveness of your weed management program?

(b) (4)

How often do you conduct weed monitoring?

(b) (4)

SECTION M (CONTINUED)

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

1 MAINTENANCE OF ORGANIC INTEGRITY - PARALLEL PRODUCTION						NOP §205.201(a)(5) & §205.202(c)	
Do you grow the same crops organically, as well as in transition, and/or conventionally?						(b)(4)	Yes
This is called "parallel production." If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.						(b)(4)	No
If you grow any conventional or transitional crops, please fill out the following tables.						(b)(4)	Not Applicable
Specific crops/varieties	Field Numbers	*T or C	Plant or utilize **GMO	Total Acreage	Crop same as Organic crop?	Planned use of crop (Sale, non-organic livestock feed, seed, etc.)	
(b)(4)							
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*T = Transitional C = Conventional

\*\* GMO = Genetically Modified Organisms

**NOP §205.201(a)(5) & §205.202(c)**

List all equipment used for planting, tillage, cultivation, spraying and harvesting organic crops. Attach additional sheets if needed. (b) (4) Not Applicable

Equipment Name/Type

(O) Owned  
(R) Rented  
(C) Custom

Used on both Organic  
& Non-Organic

How is equipment cleaned before use on Organic fields?

## SECTION N (CONTINUED)

☐ Yes    ☐ No☐ Yes ☐ No

☐ Yes ☒ No

Is your equipment maintained to minimize fuel, oil and hydraulic fluid leaks?

(b) es (b) lo (b) /A  
(4) (4) (4)

Do you use a sprayer on organic crops or fields? (b) Yes (b) No (b) (4) (do not use sprayers)

If yes, what type?

Did you purchase it	(b) New	(b) Used
1. Did you purchase it?		
2. Did you purchase it?		
3. Did you purchase it?		
4. Did you purchase it?		
5. Did you purchase it?		
6. Did you purchase it?		
7. Did you purchase it?		
8. Did you purchase it?		
9. Did you purchase it?		
10. Did you purchase it?		
11. Did you purchase it?		
12. Did you purchase it?		
13. Did you purchase it?		
14. Did you purchase it?		
15. Did you purchase it?		
16. Did you purchase it?		
17. Did you purchase it?		
18. Did you purchase it?		
19. Did you purchase it?		
20. Did you purchase it?		
21. Did you purchase it?		
22. Did you purchase it?		
23. Did you purchase it?		
24. Did you purchase it?		
25. Did you purchase it?		
26. Did you purchase it?		
27. Did you purchase it?		
28. Did you purchase it?		
29. Did you purchase it?		
30. Did you purchase it?		
31. Did you purchase it?		
32. Did you purchase it?		
33. Did you purchase it?		
34. Did you purchase it?		
35. Did you purchase it?		
36. Did you purchase it?		
37. Did you purchase it?		
38. Did you purchase it?		
39. Did you purchase it?		
40. Did you purchase it?		
41. Did you purchase it?		
42. Did you purchase it?		
43. Did you purchase it?		
44. Did you purchase it?		
45. Did you purchase it?		
46. Did you purchase it?		
47. Did you purchase it?		
48. Did you purchase it?		
49. Did you purchase it?		
50. Did you purchase it?		
51. Did you purchase it?		
52. Did you purchase it?		
53. Did you purchase it?		
54. Did you purchase it?		
55. Did you purchase it?		
56. Did you purchase it?		
57. Did you purchase it?		
58. Did you purchase it?		
59. Did you purchase it?		
60. Did you purchase it?		
61. Did you purchase it?		
62. Did you purchase it?		
63. Did you purchase it?		
64. Did you purchase it?		
65. Did you purchase it?		
66. Did you purchase it?		
67. Did you purchase it?		
68. Did you purchase it?		
69. Did you purchase it?		
70. Did you purchase it?		
71. Did you purchase it?		
72. Did you purchase it?		
73. Did you purchase it?		
74. Did you purchase it?		
75. Did you purchase it?		
76. Did you purchase it?		
77. Did you purchase it?		
78. Did you purchase it?		
79. Did you purchase it?		
80. Did you purchase it?		
81. Did you purchase it?		
82. Did you purchase it?		
83. Did you purchase it?		
84. Did you purchase it?		
85. Did you purchase it?		
86. Did you purchase it?		
87. Did you purchase it?		
88. Did you purchase it?		
89. Did you purchase it?		
90. Did you purchase it?		
91. Did you purchase it?		
92. Did you purchase it?		
93. Did you purchase it?		
94. Did you purchase it?		
95. Did you purchase it?		
96. Did you purchase it?		
97. Did you purchase it?		
98. Did you purchase it?		
99. Did you purchase it?		
100. Did you purchase it?		

Could any equipment you use have been contaminated by previous use? (b) Yes

If yes, describe how and what you did to remedy the possible contamination:

Business Name

Page of

3 MAINTENANCE OF ORGANIC INTEGRITY - HARVEST		NOP §205.201(a)(5) & §205.202(c)	
NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.			
SECTION N (CONTINUED)	How are your organic crops harvested? (b) (4) Mechanical (b) (4) by hand		
	Are any organic crops custom harvested? (b) (4) Yes (b) (4) No If yes, provide name and address of custom harvester (b) (4)		
	Describe steps taken to protect organic crops from commingling and contamination during harvest (b) (4)		
	What containers are used for harvesting?		
	(b) (4) Gravity wagons / boxes	(b) (4) Truck boxes	(b) (4) Cardboard / wax boxes
	(b) (4) Other (specify)	(b) (4)	(b) (4) Wooden totes (b) (4) Plastic containers
	Are the containers used for organic crops only? (b) (4) Yes (b) (4) No		
	Are the containers new or used? (b) (4) New (b) (4) Used If used, what did they contain prior to organic use? (b) (4)		

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

4 MAINTENANCE OF ORGANIC INTEGRITY – POST-HARVEST HANDLING		NOP §205.201(a)(5) & §205.202(c)	
NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials.		(b) (4)	Not Applicable - No post-harvest handling
For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review.		Proceed to Section N - E. Crop Storage	
Describe your post-harvest handling procedures and equipment:			
Do you use water to clean organic products? (b) (4) Yes (b) (4) No			
Does your water come from a public utility or a private well? (b) (4) Public Utility (b) (4) Private Well			
If water comes from private well, has it been tested for compliance with the Safe Drinking Water Act? (b) (4) Yes (b) (4) No			
If yes, please attach a copy of your water analysis results. (b) (4) Copies Attached			
Is the processing area and/or equipment used for both organic and non-organic crops/products? (b) (4) Yes (b) (4) No			
If yes, describe steps taken to prevent commingling and contamination. (b) (4)			
(b) (4)			
Types of packaging materials used? (check all that apply)			
(b) (4) Bulk (no packaging materials)	(b) (4) Paper	(b) (4) Cardboard	(b) (4) Wood
(b) (4) Metal	(b) (4) Foil	(b) (4) Plastic	(b) (4) Waxed paper
(b) (4) Natural fiber	(b) (4) Synthetic fiber	(b) (4) Other (specify)	(b) (4) Glass
(b) (4) Septic			
In what form are finished products shipped? (check all that apply)			
(b) (4) Dry bulk	(b) (4) Liquid bulk	(b) (4) Tote bags	(b) (4) Tote boxes
(b) (4) Foil bags	(b) (4) Metal drums	(b) (4) Mesh bags	(b) (4) Cardboard drums
(b) (4) Plastic crates	(b) (4) Other (specify)		(b) (4) Paper bags
			(b) (4) Cardboard cases

List all fertility inputs used or intended for use on proposed organic and/or transitional fields.

(b) (4)

Do you burn crop residue?

(b) Yes  
(4)

Yes

(b)  
(4)

4) to

If yes, for what reason?

(b) (4)

Do you apply sewage sludge (biosolids) to field?

(b)  
(4)

**Yes**

(b)  
(1)

1

~~If yes, date of last evaluation?~~

Business Name

Page of

**1 SOIL AND CROP FERTILITY MANAGEMENT - COMPOST USE**(b) (4) Not Applicable - No compost used -  
Proceed to Section J - C. Manure Use

NOP Rule 205.203(c)(2) requires that the composting process include a carbon to nitrogen ratio between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.

Do you mix your own compost? (b) (4) Yes (b) (4) No

List all compost feedstock ingredients and additives. (b) (4)

What is your C:N ratio? (b) (4)

Do you monitor the temperature? (b) (4) Yes (b) (4) No If yes, what average temperature is maintained? (b) (4)

How long is this temperature maintained? (b) (4)

Is compost windrowed? (b) (4) Yes (b) (4) No If yes, how many times are materials turned? (b) (4)

Do you use commercial compost or compost made off-site? (b) (4) Yes (b) (4) No  
If yes, attach copies of labels or a list of ingredients and their source. (b) (4) Copies Attached

**2 SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE**(b) (4) Not Applicable - No manure used -  
Proceed to Section K - 1 Soil and Water  
Conservation Plan

NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil surface or soil particles, or 90 days prior to harvest for all other crops for human consumption.

What forms of manure do you use? (b) (4) None  
(b) (4) Liquid (b) (4) Semi-solid (b) (4) Field (b) (4) Fully composted  
(b) (4) Other (list)

What types of crop(s) do you grow? (Check all that apply)

(b) (4) Crops not used for human consumption  
(b) (4) Crops for human consumption whose edible portion has direct contact with the soil or soil particles  
(b) (4) Crops for human consumption whose edible portion does not have direct contact with the soil or soil particles

If you grow crops for human consumption and use raw manure, complete the following table. If composting manure, please complete Section J - B. Compost Section above.

Crop(s)	Field No.	Date Manure Applied or plan to apply	Amount Applied	Expected Date of
(b) (4)				

SECTION J (CONTINUED)

Business Name

Page of

**3 SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE (CONTINUED)**

What is the source of the manure you use? (b) (4) On-Farm (b) (4) Off-Farm

List all sources of off-farm manure.

(b) (4)

List all manure ingredients.

(b) (4)

Is anything added to the manure? (b) (4) Yes (b) (4) No

If yes, list all additives.

(b) (4)

What are the potential contaminants? (nit additives, feed additives, pesticide, antibiotics, heavy metals, etc.)

(b) (4)

If the manure is tested for contaminants, please attach a copy of the results. (b) (4) Copy Attached (b) (4) Not Tested

SECTION J (CONTINUED)

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**1. SOIL AND WATER CONSERVATION PLAN** NOP §205.200☐ Not Applicable (indoor, GHS)

Proceed to Section L - 'Propagation Materials'

Do you maintain annual rainfall records? (b) (4) Yes (b) (4) No

Indicate soil and water conservation methods used in your farm management plan: (check all that apply)

(b) (4) Terracing (b) (4) Benching (b) (4) Contour farming  
 (b) (4) Conservation tillage (b) (4) Furrow diking/basins (b) (4) Land leveling  
 (b) (4) No-till or minimum till planting (b) (4) Waterways  
 (b) (4) Other \_\_\_\_\_

Indicate other soil and water conservation methods used in non-production areas:

(b) (4) Grassed waterways  
 (b) (4) Tail-water recovery systems (i.e.; ponds, basins, ditches, borders)  
 (b) (4) Grassed or cover cropped borders, roads, fence-lines, field parameters, ditches, embankments  
 (b) (4) Cover crops, mulches and surface crop residues in seasons of non-production or in non-production areas  
 (b) (4) Other (list) \_\_\_\_\_

What soil erosion problems do you experience? (b) (4) Wind erosion (b) (4) Water erosion (if water, what type? Show areas of water erosion on all applicable maps).

Describe your efforts to minimize all soil erosion problems listed above

(b) (4)

How do you monitor the effectiveness of your soil conservation program?

(b) (4)

What Pesticide Use:

(b) (4) Only natural (b) (4) All (b) (4) Foliar sprays (b) (4) Washing crops (b) (4) Greenhouse (b) (4) Other (list)  
 (b) (4) Irrigation (b) (4) Livestock (b) (4) \_\_\_\_\_

Sources of water (b) (4) On-Site Well(s) (b) (4) River/Creek/Pond (b) (4) Spring (b) (4) Irrigation District  
 (b) (4) Municipal/County (b) (4) Other (list) \_\_\_\_\_

Type of Irrigation System:

(b) (4) None (b) (4) Drip (b) (4) Flood (b) (4) Sprinkler (center pivot, sideroll, big gun, etc.) (b) (4) Other (list)

What input products are applied through the irrigation system?

(b) (4)

What products do you use to clean irrigation lines/nozzles?

(b) (4)

Is the system flushed between conventional and organic use? (b) (4) Yes (b) (4) No

If yes, is this documented? (b) (4) Yes (b) (4) No

(b) (4)

SECTION K

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

SECTION K (CONTINUED)	<b>SOIL AND WATER CONSERVATION PLAN (CONTINUED)</b>	
	What practices are used to protect water quality?	(b) (4) Scheduling (b) (4) Fencing to limit livestock access
	(b) (4) Tensiometer/monitoring (b) (4) Compost/fertilizer stored or protected from water sources (b) (4) Laser leveling	(b) (4)
	How often do you conduct water quality monitoring?	(b) (4)
	Date your water was last tested _____ . (Attach a copy of your last test) (b) (4) Copy Attached (b) (4) N/A	
	Does your water contain excess salts or nutrients that affect your soil improvement plan? (b) (4) Yes (b) (4) No	
	If yes, how are these issues addressed?	(b) (4)

Business Name

Page of

**1 PROPAGATION MATERIALS**

NOP §205.204

Annual seedlings must be produced according to organic standards. Non-organic perennial plantings (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic seeds and planting stock must be used if commercially available. Contact us if you need to request a variance to use non-organic seedlings because of an emergency.

What kinds of propagation materials do you use?

(b) (4) seeds	(b) (4) Cuttings	(b) (4) Bulbs	(b) (4) Crowns	(b) (4) Budding	(b) (4) Annual Transplants
(b) (4) Rootstock	(b) (4) Offsets	(b) (4) Shoots	(b) (4) Slips	(b) (4) Tubers	(b) (4) Rhizomes
(b) (4) Perennials	(b) (4) Sprigs	(b) (4) Seedlings	(b) (4) Trees	(b) (4) Grafts	(b) (4) Perennials
(b) (4) Other (list)					

**2 PROPAGATION MATERIALS - ANNUALS**

(b) (4) Not Applicable - No annuals used

Proceed to Section L - B. Perennial Plant Stock

Do you purchase organic propagation materials? (b) (4) Yes (b) (4) No (b) (4) Some, but not all

If yes, who are the Suppliers?

(b) (4)

What proportion of your propagation materials are organic? (b) (4) 00% (b) (4) Over 50% (b) (4) Under 50% (b) (4) None

If certified, by which agency?

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) (b) (4) Yes (b) (4) No

If yes, list:

(b) (4)

If you are NOT using organic seed or planting stock, explain how the varieties fulfill an essential function in your farm plan

(b) (4)

How do you document your attempts to locate organic seed and planting stock?

(b) (4)

Have you kept your seeds labels?

(b) (4) Yes (b) (4) No

Do you have all labels for seed inoculants?

(b) (4) Yes (b) (4) No

Do you have invoices for all your purchases of propagation materials?

(b) (4) Yes (b) (4) No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? (b) (4) Yes (b) (4) No

SECTION L

Business Name

(b) (4)

Page of

**3 PROPAGATION MATERIALS - PERENNIAL PLANT STOCK**

Not Applicable - No perennial plant stock used

Proceed to Section M - Pest, Disease and Weed Management Plans

Do you purchase organic propagation materials? (b) (4) Yes (b) (4) No (b) (4) Some, but not all  
 If yes, who are the Suppliers?

What proportion of your propagation materials are organic? (b) (4) 00% (b) (4) Over 50% (b) (4) Under 50% (b) (4) None

If certified, by which agency? (b) (4)

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) (b) (4) Yes (b) (4) No  
 If yes, list:

(b) (4)

If you are NOT using organic seeds or planting stock, explain how the varieties fulfill an essential function in your farm plan.

(b) (4)

How do you document your attempts to locate organic seeds and planting stock?

(b) (4)

If you are using non-organic perennial stock, explain how you will bring it into organic production?

(b) (4)

Have you kept your seeds labels? (b) (4) Yes (b) (4) No

Do you have all labels for seed inoculants? Yes No

Do you have all labels for seed coatings? Yes No

Do you have invoices for all your purchases of propagation materials? Yes No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? (b) (4) Yes (b) (4) No

SECTION L (CONTINUED)

**<sup>1</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS**

NOP §205.205 &amp; §205.206

NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest and disease problems, and manages deficient or excess plant nutrients. Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.

Approved synthetic materials on the National List §205.601 may only be used when management practices are insufficient to prevent or control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must attach documentation that describes how you address the materials annotation.

**<sup>2</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT**

NOP §205.205 &amp; §205.206

What are your problem pests? (Check all that apply) (b) (4) Insects (b) (4) Rodents (b) (4) Gophers (b) (4) Birds  
☐ Other (list) \_\_\_\_\_

Do you work with a pest control advisor? (b) (4) Yes (b) (4) No (If yes, give name and contact information) \_\_\_\_\_

(b) (4) What strategies do you use to control pest damage to crops? (b) (4) None Used

(b) (4) Crop Rotation	(b) (4) Timing of planting	(b) (4) Development of habitat for natural enemies
(b) (4) Bat houses	(b) (4) Companion planting	(b) (4) Selection for plant species/variety
(b) (4) Bird houses	(b) (4) Physical barriers	(b) (4) Release of predators/parasites of pest species
(b) (4) Monitoring	(b) (4) Insect repellents	(b) (4) Use of approved products
(b) (4) Traps	(b) (4) Animal repellents	(b) (4) Use of restricted products
(b) (4) Trap crops	(b) (4) Hand picking	(b) (4) Limited use of prohibited products
(b) (4) Lures	(b) (4) Other (list) _____	

List all management used or intended for use on your organic and transitional field/crops (b) (4)

Pest Problem	Control Product	Status (A) Approved (R) Restricted (P) Prohibited	If restricted, describe compliance with NOP rule annotation
(b) (4)			

Do you keep a record of how often you utilize these pest control methods, i.e. dates when you scout or apply inputs to a specific field? (b) (4) Yes (b) (4) No

(b) (4)

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**<sup>2</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT (CONTINUED)** NOP §205.205 & §205.206

How do you monitor the effectiveness of your pest management program? (b) (4)

How often do you conduct pest monitoring? (b) (4)

**<sup>3</sup>PEST, DISEASE AND WEED MANAGEMENT PLANS - DISEASE MANAGEMENT** NOP §205.205 & §205.206

What diseases are a concern in the crops you grow? (b) (4)

What disease prevention strategies do you use?

(b) (4) Resistant varieties

(4) Crop rotation

Plant spacing

Soil balancing

Other

(b) (4) Cultural controls

(4) Companion planting

Intercropping

Compost/tea use

(b) (4) Timing of planting/cultivating

(4) Herbal preparations

Allowed materials (dormant oil, vinegar)

Restricted materials (Bordeaux mixture, sulfur)

List all disease management inputs used or intended for use on your organic and transitional field/crops.

Disease Problem

Control Product

Status  
(A) Approved  
(R) Restricted  
(P) Prohibited

If restricted, describe compliance with NOP rule annotation

(b) (4)

How do you monitor the effectiveness of your disease management program? (b) (4)

How often do you conduct disease monitoring? (b) (4)

Do you keep a record of how often you utilize these disease control methods, i.e. dates when you scout or apply inputs to a specific field or crop? (b) (4) Yes (b) (4) No

SECTION M (CONTINUED)

Business Name

Page of

**PEST, DISEASE AND WEED MANAGEMENT PLANS - WEED MANAGEMENT**

NOP §205.205 &amp; §205.206

What are your weed problems?

(b) (4)

What weed control methods do you use?

(b) (4)

Crop rotation

(b) (4)

State seed bed planting

(b) (4)

Soil sterilization

(b) (4)

Flame weeding

Field preparation

Prevention of weed seed set

Mechanical cultivation

Steam weeding

Hand weeding

Monitoring soil temperature

Soap-based herbicides

Electrical

Mowing

Use of fast emerging varieties

Use of hand tools

Smother crops

Synthetic mulch

Non-synthetic mulch

Livestock grazing

Delayed seeding

Black fallow

Other (list)

Do you keep records of how often you utilize these weed control methods, i.e. dates and fields when you cultivate or apply a soap-based herbicide? (b) (4) Yes (b) (4) No

If you use plastic (b) (4) other synthetic mulches, is the mulch removed at the end of the growing or harvest season?

(b) (4)

(b) (4)

If no, explain.

(b) (4)

Do you use soap-based herbicides (b) (4) Yes (b) (4) No If yes, list all areas where used.

(b) (4)

Do you use newspaper or other recycled paper for mulch? (b) (4) Yes (b) (4) No

If yes, do you use paper with glossy or colored inks? (b) (4) Yes (b) (4) No

How do you monitor the effectiveness of your weed management program?

(b) (4)

How often do you conduct weed monitoring?

(b) (4)

SECTION M (CONTINUED)

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

1. MAINTENANCE OF ORGANIC INTEGRITY - PARALLEL PRODUCTION						NOP §205.201(a)(5) & §205.202(c)		
Do you grow the same crops organically, as well as in transition, and/or conventionally?						(b) (4)	(b) (4)	
This is called "parallel production." If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.						(b) (4)	(b) (4)	
If you grow any conventional or transitional crops, please fill out the following tables.						(b) (4)	Not Applicable	
SECTION N	Specific crops/varieties	Field Numbers	*T or C	Plant or utilize **GMO	Total Acreage	Crop same as Organic crop?		Planned use of crop (Sale, non-organic livestock feed, seed, etc.)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)
	(b) (4)	(b) (4)		Yes (b) (4) No (b) (4)	(b) (4)	(b) (4)	Yes (b) (4) No (b) (4)	(b) (4)

\*T = Transitional C = Conventional

\*\* GMO = Genetically Modified Organisms

**NOP §205.201(a)(5) & §205.202(c)**

List all equipment used for planting, tillage, cultivation, spraying and harvesting organic crops. Attach additional sheets if needed. (b) (4) Not Applicable

[illegible]

Is your equipment maintained to minimize fuel, oil and hydraulic fluid leaks?	(b) (4)	es	(b) (4)	to	(b) (4)	N/A
---	---------	----	---------	----	---------	-----

Do you use a sprayer on organic crops or fields? (b) (4) Yes (b) (4) No (b) (4) /A (do not use sprayer)

If yes, what type?

Did you purchase it ☐ New ☐ Used

Could any equipment you use have been contaminated by previous use? (b) (3) Yes (4) No

If yes, describe how and what you did to remedy the possible contamination:

Business Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

3 MAINTENANCE OF ORGANIC INTEGRITY - HARVEST		NOP §205.201(a)(5) & §205.202(c)	
NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.			
SECTION N (CONTINUED)	How are your organic crops harvested? (b) (4) Mechanical (b) (4) By hand		
	Are any organic crops custom harvested? (b) (4) Yes (b) (4) No If yes, provide name and address of custom harvester (b) (4)		
	Describe steps taken to protect organic crops from commingling and contamination during harvest (b) (4)		
	What containers are used for harvesting?		
	(b) (4) Gravity wagons / boxes (b) (4) Truck boxes (b) (4) Cardboard / wax boxes (b) (4) Wooden totes (b) (4) Plastic containers (b) (4) Other (specify) (b) (4)		
Are the containers used for organic crops only? (b) (4) Yes (b) (4) No			
Are the containers new or used? (b) (4) New (b) (4) Used If used, what did they contain prior to organic use? (b) (4)			

Business Name \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

4 MAINTENANCE OF ORGANIC INTEGRITY - POST-HARVEST HANDLING		NOP §205.201(a)(5) & §205.202(c)
NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials. For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review.		(b) (4) Not Applicable - No post-harvest handling Proceed to Section N - E. Crop Storage
Describe your post-harvest handling procedures and equipment: (b) (4)		
Do you use water to clean organic products? (b) (4) Yes (4) No		
Does your water come from a public utility or a private well? (b) (4) Public Utility (b) (4) Private Well		
If water comes from private well, has it been tested for compliance with the Safe Drinking Water Act? (b) (4) If yes, please attach a copy of your water analysis results. (b) (4) Copies Attached		
Is the processing area and/or equipment used for both organic and non-organic crops/products? (b) (4) Yes (b) (4) No If yes, describe steps taken to prevent commingling and contamination: (b) (4)		
How do you protect packaging from possible contamination? (b) (4)		
Types of packaging materials used? (check all that apply)		
(b) (4) Bulk (no packaging materials)	(b) (4) Paper	(b) (4) Cardboard
(b) (4) Metal	(b) (4) Gail	(b) (4) Plastic
(b) (4) Natural fiber	(b) (4) Synthetic	(b) (4) Other (specify)
(b) (4) Other	(b) (4) Wood	(b) (4) Glass
	(b) (4) Waxed paper	(b) (4) Aseptic
In what form are finished products shipped? (check all that apply)		
(b) (4) Dry bulk	(b) (4) Liquid bulk	(b) (4) Tote bags
(b) (4) Foil bags	(b) (4) Metal drums	(b) (4) Mesh bags
(b) (4) Plastic crates	(b) (4) Other (specify)	(b) (4) Tote boxes
		(b) (4) Cardboard drums
		(b) (4) Paper bags
		(b) (4) Cardboard cases



Texas Department of Agriculture  
Livestock Organic System Plan

ROR-603

Todd Staples, Commissioner

SECTION A	
VERIFICATION INFORMATION	
Full Legal Business Name: <i>REDLAND DAIRY, LLC</i>	D.B.A. (if applicable):
Facility Name: <i>REDLAND DAIRY</i>	Client No. (b) (4)
Contact Individual: <i>TODD STAPLES</i>	License No. (b) (4)
Comptroller ID (in-state): (b) (4)	Social Security No. (for sole proprietors only):
Federal Taxpayer ID (out-of-state): (b) (4)	

SECTION B	
REQUIRED SUPPORTING DOCUMENTATION	
All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
(b) (4)	Farm and Livestock Information (SECTION C)
(b) (4)	Facility Information
(b) (4)	Livestock Types
(b) (4)	Production
(b) (4)	Origin of Livestock (SECTION D)
(b) (4)	Livestock Feed (SECTION E)
(b) (4)	Feed Ration Table
(b) (4)	Feed Management
(b) (4)	Livestock Health Care (SECTION F)
(b) (4)	Health Management
(b) (4)	Livestock Living Conditions (SECTION G)
(b) (4)	Temporary Confinement
(b) (4)	Outdoor Access
(b) (4)	Pasture Practice Standard (SECTION H)
(b) (4)	Access to Pasture
(b) (4)	Pasture Requirement
(b) (4)	Record Keeping (SECTION I)
(b) (4)	Auditable Records
(b) (4)	Attachments (facility map, ingredient listings, etc.)

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Business Name: REDLAND DAIRY LLC

**SECTION C (continued)**

**<sup>3</sup> LIVESTOCK TYPES (CONTINUED)**

4) Please list the number of animals in each of the following production groups:

**Cattle:** Not Applicable: (b) (4)

Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
(b) (4)				

**Goats:** Not Applicable: (b) (4)

Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
(b) (4)				

**Sheep:** Not Applicable: (b) (4)

Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
(b) (4)				

**Swine:** Not Applicable: (b) (4)

Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
(b) (4)				

Business Name:

FARM AND LIVESTOCK INFORMATION				\$205.201							
SECTION C	<b>FACILITY INFORMATION</b>										
	Please provide a map of pastures, barns, holding facilities, shade available to livestock, and/or living areas. The maps are applicable to all species. Please ensure the map includes the following: <span style="float: right;">(b) (4) Map is Attached</span>										
	The map/s need to identify:										
	-Adjoining/neighborhood land uses,										
	-Dimensions of buildings designed to house animals,										
	-Building/storage ID system,										
	-Types of fencing used (both permanent and temporary), indication of north,										
	-Water sources available to livestock,										
	-Location of buildings and other useful landmarks (e.g. streams, distinctive features, roads, etc.)										
	*Maps provided by your county authority, local Farm Service Agency office, or Agriculture Extension Service office are recommended.										
1) Is the location where all the animals reside at the same address as provided on the first page of the application? <span style="float: right;">(b) (4) es (b) (4) No</span>											
If no please provide the address of all locations:											
<table border="1"> <thead> <tr> <th>Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="4">(b) (4)</td> </tr> </tbody> </table>				Address	City	State	Zip	(b) (4)			
Address	City	State	Zip								
(b) (4)											
<b>LIVESTOCK TYPES</b>											
2) Please select the livestock species that you wish to produce organically:											
(b) (4) Cattle (b) (4) Goats (b) (4) Sheep (b) (4) Swine (b) (4) Poultry (b) (4) Other (specify):											
3) Please select the livestock products you wish to produce organically and an estimate of annual production:											
<table border="1"> <thead> <tr> <th>Product</th> <th>Est. Annual Organic Production</th> <th>Production Units (example of unit: pounds, head, gallons, etc)</th> </tr> </thead> <tbody> <tr> <td colspan="3">(b) (4)</td> </tr> </tbody> </table>				Product	Est. Annual Organic Production	Production Units (example of unit: pounds, head, gallons, etc)	(b) (4)				
Product	Est. Annual Organic Production	Production Units (example of unit: pounds, head, gallons, etc)									
(b) (4)											

Business Name:

SECTION C (continued)	Poultry:			Not Applicable: (b) (4)	
	Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
	(b) (4)				
	Other:			Not Applicable: (b) (4)	
	Production Group	Organic	Transitional <sup>1</sup>	Transition Start Date	Conventional <sup>2</sup>
	(b) (4)				
	<sup>1</sup> Transitional: Dairy animals can be converted to organic milk production after 12 months, but milk from these animals is not organic during the conversion. <sup>2</sup> Conventional: Neither conventional nor transitional animals can be used for organic production, except as breeding stock.				
	<b>3 PRODUCTION</b>				
MILK			Milk Not Produced: (b) (4)		
5a) Please describe your milking equipment and holding system:					
(b) (4)					
5b) If milk is being produced, list the materials that are being used for cleanliness and control in the milk parlor:					
Brand Name	Manufacturer	Ingredients (Product Label)	Purpose for use	How used in parlor	
(b) (4)		Attached	(b) (4)		
		Attached			
		Attached			
		Attached			
5c) How is contamination or commingling of sanitizers with milk prevented?					
(b) (4)					
5d) How is wastewater from the milking facility handled?					
(b) (4)					
5e) If milk is being inspected, please list the following:					
Agencies that conduct inspections	Frequency of those inspections		Rating or evaluation from last inspection		
(b) (4)					

Business Name: \_\_\_\_\_

<b>3 PRODUCTION (CONTINUED)</b>	
<b>MEAT</b>	<b>Meat Not Produced</b> (b) (4)
6a) If animals are being raised for meat, are they slaughtered and processed on farm?	(b) (4) Yes <sup>3</sup> (b) (4) No
<sup>4</sup> If Yes, please complete a Processor Application Form and include it with this application.	
6b) What method of loading and transportation is used to move animals to slaughter?	(b) (4)
6c) (Poultry Only) What time of day are birds moved or transported?	(b) (4)
6d) How far are animals transported to slaughter?	(b) (4)
6e) How long does the transport typically take?	(b) (4)
6f) If over 12 hours in transportation are the animals rested and fed?	(b) (4) Yes <sup>4</sup> (b) (4) No <sup>5</sup>
<sup>1</sup> If Yes, then provide the following:	
Where are animals rested?	(b) (4)
How is organic feed provided?	(b) (4)
Is grazing available? (ruminants only)	(b) (4)
How is clean water provided?	(b) (4)
<sup>1</sup> If No, please describe the reasons why feed and rest are not provided:	
(b) (4)	
6g) Do you retain ownership through slaughter and receive the retail cuts and/or by-products to market?	(b) (4) Yes <sup>6</sup> (b) (4) No
<sup>6</sup> If Yes, please provide the certificate of the slaughter facility	(b) (4) Attached
<sup>6</sup> If Yes, please provide the label that is used on the retail product(s)	(b) (4) Attached
<sup>6</sup> If Yes, please describe how cuts are handled post slaughter:	(b) (4)
(b) (4)	
<sup>6</sup> If Yes, please describe how sales are recorded:	
(b) (4)	
<b>For Ruminant Slaughter Stock</b>	
6h) Are ruminants finished in a yard, pad, or feedlot?	(b) (4) Yes <sup>7</sup> (b) (4) No <sup>8</sup>
<sup>7</sup> If Yes, how long is the finishing period?	
<sup>8</sup> If No, skip the following questions and move to the next section.	
6i) Can all animals eat simultaneously without competing?	Yes No
6j) Are animals given access to pasture during the grazing season when in a finishing program?	Yes No

Business Name:

**SECTION C (continued)**

<b>PRODUCTION (CONTINUED)</b>				(b) (4)
<b>EGGS</b>			<b>Eggs Not Produced</b>	
7a) How are eggs collected?			(b) (4)	
7b) How often are eggs collected?			(b) (4)	
7c) Are eggs washed after collection?			(b) (4) Yes <sup>9</sup>	(b) (4) No
<sup>9</sup> If Yes, describe washing/handling process:				
(b) (4)				
<sup>9</sup> If Yes, and cleaning or sanitizing materials are being used please provide:				
Brand Name	Manufacturer	Ingredients (Product Label)	Restriction as listed in the regulation (if applicable)	
(b) (4)		Attached	(b) (4)	
		Attached		
		Attached		
		Attached		
7d) How are eggs packaged?			(b) (4)	
7e) Where are eggs stored on farm?			(b) (4)	
7f) Are any eggs stored off-site?			(b) (4) Yes	(b) (4) No
7g) When eggs are stored, are they kept at a refrigerated temperature of 45 degrees or below?			(b) (4) Yes	(b) (4) No
7h) Are eggs graded and sized?			Yes <sup>10</sup>	No
<sup>10</sup> If Yes, are you licensed by the TDA?			Yes <sup>11</sup>	No
<sup>11</sup> If Yes, what is your TDA egg license no.?				
7i) If eggs are sold as retail or direct, provide a copy of the label to be used on the product packaging with this application.				
<b>FIBER</b>			<b>Fiber Not Produced</b>	
8a) Are animals that are raised for fiber sheared/de-haired on farm?			(b) (4) Yes <sup>12</sup>	(b) (4) No
<sup>12</sup> If Yes, how is equipment cleaned and maintained?				
(b) (4)				
If materials are used in cleaning or maintaining equipment, provide the following: (b) (4) N/A				
Brand Name	Manufacturer	Ingredients	Restriction as listed in the	
(b) (4)		Attached	(b) (4)	
		Attached		
		Attached		
8b) Is equipment used on non-organic livestock?			(b) (4) Yes <sup>13</sup>	(b) (4) No
<sup>13</sup> If Yes, how is it cleaned to prevent contamination?				
(b) (4)				
8c) Is any other organic fiber processing done on the farm?			(b) (4) Yes <sup>14</sup>	(b) (4) No
<sup>14</sup> If Yes, complete Processor (Fiber-Textile Manufacturing Supporting Documentation ROR-605).				

Business Name: REDLAND DAIRY LLC

SECTION D		ORIGIN OF LIVESTOCK	
9a) How were/are livestock transitioned to organic production?		(b) (4) N/A	
(b) (4) 100% organic feed for 12 consecutive months			
(b) (4) 100% organic feed while utilizing last year (third year) transitional feed			
9b) Are replacement animals raised on farm through natural breeding?		(b) (4) Yes	(b) (4) No
9c) Are replacement animals raised on farm through an artificial breeding system?		(b) (4) Yes	(b) (4) No
9d) Are replacement animals purchased from an organic breeder?		(b) (4) Yes	(b) (4) No
If Yes, fill out the information below:			
Purchase Date:		(b) (4)	
Supplier:		(b) (4)	
Supplier Certifier:		(b) (4)	
9e) Are replacement animals purchased from a non-organic source?		(b) (4) Yes	(b) (4) No
*Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.			
9f) Are dairy and breeder stock under organic management from the last third of gestation?		(b) (4) Yes	(b) (4) No
9g) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic?		(b) (4) Yes	(b) (4) No
9h) Are poultry under continuous organic management beginning no later than the second day of life?		(b) (4) Yes	(b) (4) No
9i) How are the animals individually identified? Please choose all of the following that apply:			
*Note: It is required that an identification system be in place so that an auditor can verify the organic status of any and all animals.			
(b) (4) Individually numbered		(b) (4) ear tag	(b) (4) neck tag
(b) (4) Tattoo		(b) (4) leg tag/band	(b) (4) other tag
Radio Frequency Identification (RFID) tag			
Written description of physical characteristics or unique markings with accompanying photos			
Brand			
Ear notch			
Age groups (poultry)			
Purchased groups (poultry)			
Other (specify):			

Business Name:

**LIVESTOCK FEED**

5209 237

**FEED RATION TABLE**

10a) Please provide the feed ration for each of the individual production groups and for each season:

Production Group:	Ration ID:	(b) (4)	Date range in which the ration is used:
		(b) (4)	
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Production Group:	Ration ID:	(b) (4)	Date range in which the ration is used:
		(b) (4)	
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Production Group:	Ration ID:	(b) (4)	Date range in which the ration is used:
		(b) (4)	
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Production Group:	Ration ID:	(b) (4)	Date range in which the ration is used:
		(b) (4)	
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)
Ingredient:	(b) (4)	Quantity:	(b) (4)

SECTION E

Business Name: RIDLAND DAIRY**LIVESTOCK FEED****1 FEED RATION TABLE**

(b) (4)

§205.237

10a) Please provide the feed ration for each of the individual production groups and for each season:

Production Group: (b) (4) Ration ID: (b) (4) Date range in which the ration is used: (b) (4)

Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>

Production Group: (b) (4) Ration ID: (b) (4) Date range in which the ration is used: (b) (4)

Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>

Production Group: (b) (4) Ration ID: (b) (4) Date range in which the ration is used: (b) (4)

Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<u>(b) (4)</u> Grown or <u>(b) (4)</u> Purchased <sup>1</sup>

Production Group: (b) (4) Ration ID: (b) (4) Date range in which the ration is used: (b) (4)

Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>

Production Group: (b) (4) Ration ID: (b) (4) Date range in which the ration is used: (b) (4)

Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>
Ingredient: <u>(b) (4)</u>	Quantity: <u>(b) (4)</u>	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased <sup>1</sup>

<sup>1</sup> For purchased feed, proof of organic certification needs to be on file & available to the inspector. Refer to question 10b for further documentation.

SECTION E

Business Name:

**LIVESTOCK FEED**

§205.237

**FEED RATION TABLE**

10(a) Please provide the feed ration for each of the individual production groups and for each season:

Production Group: (b) (4)	Ration ID: (b) (4)	Date range in which the ration is used: (b) (4)	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Production Group: (b) (4)	Ration ID: (b) (4)	Date range in which the ration is used: (b) (4)	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Production Group: (b) (4)	Ration ID: (b) (4)	Date range in which the ration is used: (b) (4)	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Production Group: (b) (4)	Ration ID: (b) (4)	Date range in which the ration is used: (b) (4)	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Ingredient: (b) (4)	Quantity: (b) (4)	(b) (4) Grown or (b) (4) Purchased <sup>1</sup>	
Production Group:	Ration ID:	Date range in which the ration is used:	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased <sup>1</sup>
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased <sup>1</sup>
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased <sup>1</sup>
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased <sup>1</sup>
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased <sup>1</sup>

<sup>1</sup> For purchased feed, proof of organic certification needs to be on file & available to the inspector. Refer to question 10b for further documentation

Business Name:

**<sup>1</sup> FEED MANAGEMENT**

10b) Please describe source information for any purchased feed:

Purchased Feed	Supplier	Supplier Certifier <sup>2</sup>	Delivered
(b) (4)	(b) (4)	(b) (4)	(b) (4)
			Yes
			No
			Yes
			No
			Yes
			No

<sup>2</sup> Must have current certification information on file for any feed supplier.

10c) Please describe where feed is stored on-farm:

(b) (4)

10d) Are silage or other feed inoculants utilized?

(b) (4)

(b) (4)

<sup>3</sup> If Yes, documentation must be provided that confirms any bacteria/fungi/yeast in the product is not genetically modified.

Inoculant Brand Name	Manufacturer	Ingredients
(b) (4)	(b) (4)	Attached
		Attached
		Attached
		<input type="checkbox"/> Attached

10e) List any feed processing (roasting, grinding, etc.) that is done on farm and the equipment used in that process:

Processing:

Equipment:

(b) (4)

10f) If processing equipment is used for non-organic products, describe how equipment is cleaned and how the cleaning is documented before organic is processed:

(b) (4)

10g) If feed is processed off-farm, provide which feed is processed, what process is used, the name of the processor, and the certification agency of the processor:

Feed Processed	Type of Processing	Name of Company	Certification Agency of the Processing Company
(b) (4)	(b) (4)	(b) (4)	(b) (4)

SECTION E (continued)

REDLAND DAIRY

FEED MANAGEMENT CONTINUED

PURCHASED FEED

SUPPLIER

CERTIFIED BY:

(b) (4)



Business Name:

**2 FEED MANAGEMENT (CONTINUED)**

11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients.

*Agricultural ingredients in feed supplements (middlings, carriers, molasses, herbs, etc.) are required to be organic.*

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: ☐ Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: ☐ Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: ☐ Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: ☐ Attached

(b) (4)

11b) Please list all source(s) of water provided for the animals and where they are located:

Source:	(b) (4)	Available to:	(b) (4)
---------	---------	---------------	---------

Source:	(b) (4)	Available to:	(b) (4)
---------	---------	---------------	---------

Source:	(b) (4)	Available to:	(b) (4)
---------	---------	---------------	---------

Source:	(b) (4)	Available to:	(b) (4)
---------	---------	---------------	---------

11c) Do you have your water tested? (b) (4) Yes<sup>1</sup> (b) (4) No

<sup>1</sup> If Yes, provide your most current information:

Date of Test	Materials Tested for	Results
(b) (4)		

11d) How are the water sources cleaned or routinely maintained?

(b) (4)

11e) Are materials used to clean or maintain watering sources?

(b) (4) Yes<sup>3</sup> (b) (4) No

<sup>3</sup> If Yes, provide the following information about the materials used:

Brand Name	Manufacturer	Ingredients
(b) (4)	(b) (4)	Attachment (b) (4)
		Attachment

SECTION E (continued)

Business Name:

SECTION E (continued)	<b><sup>2</sup> FEED MANAGEMENT (CONTINUED)</b>		
	12a) Have you fed plastic pellets for roughage to animals under organic management?	(b) (4) Yes <sup>6</sup>	(b) (4) No
	<sup>4</sup> If Yes, have they been removed from organic production?	Yes	No
	12b) Have you fed formulas containing urea or manure to animals under organic management?	Yes <sup>7</sup>	No
	<sup>5</sup> If Yes, have they been removed from organic production?	Yes	No
	12c) Have you fed mammalian or poultry by-products to animals under organic management (this includes meals and compost spread on pastures)?	Yes <sup>8</sup>	No
	<sup>8</sup> If Yes, have they been removed from organic production?	Yes	No

**Business Name:**

LIVESTOCK HEALTH CARE <span style="float: right;">\$205.238</span>			
HEALTH MANAGEMENT			
13a) List the breed(s) for each livestock group you raise:			
Livestock Species: (Cattle, sheep, swine, etc.)	Breed(s):		
(b) (4)			
13b) List the traits of this breed that are suitable to your environment, production system or market needs:			
(b) (4)			
14) Are vaccines used in your health management program? <span style="float: right;"><input checked="" type="checkbox"/> Yes<sup>1</sup> <input type="checkbox"/> No</span>			
<sup>1</sup> If Yes, list the vaccines used:			
Brand Name:	Manufacturer:	Age/When Given:	How Administered:
(b) (4)			
15) What are the preventative measures taken to prevent illness or stress from external and internal parasites?			
<div style="display: flex; flex-direction: row;"> <div style="width: 20px; text-align: center;">(b) (4)</div> <div> <ul style="list-style-type: none"> <li>dry and clean living conditions</li> <li>monitoring of nutrition</li> <li>isolation of sick animals</li> <li>pasture/outdoor area rotation</li> <li>living area rotations</li> <li>selective breeding</li> <li>bio-security for the farm/ranch. What measures are used?</li> <li>cleaning of the living areas between groups</li> <li>sanitation, using materials, of living areas between groups<sup>2</sup></li> </ul> </div> </div>			
<sup>2</sup> If this is chosen, complete the table below:			
Brand Name:	Manufacturer:	Ingredients:	Purpose:
(b) (4)		Attachment	(b) (4)
		Attachment	
		Attachment	
<input type="checkbox"/> Other (specify):			



Business Name: \_\_\_\_\_

HEALTH MANAGEMENT (CONTINUED)				
23) Which of the following physical alterations are performed, with what method, and at what age are they performed?				
<i>*Note: Physical alterations must be done for the benefit of the animal, and in a way that minimizes pain and stress.</i>				
Alteration:	Method:	Age Performed:	Pain prevention method or pain management agent used?	
(b) (4) Dehorning	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Castration	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Hoof/Toe Trimming	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Beak Trimming	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Tooth Filing	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Tail Docking	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Primary Feather Clipping	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
(b) (4) Other (specify):	(b) (4)	(b) (4)	Yes <sup>1</sup>	(b) (4)
<sup>1</sup> If Yes was chosen above for pain prevention method used, describe those practices:				
(b) (4)				
<sup>1</sup> If Yes was chosen above for pain management agent used, list materials used and attach labels ingredient information:				
Brand Name:	Manufacturer:	Ingredients:		
(b) (4)	(b) (4)	(b) (4) Attachment		
(b) (4)	(b) (4)	(b) (4) Attachment		
(b) (4)	(b) (4)	(b) (4) Attachment		
(b) (4)	(b) (4)	(b) (4) Attachment		
24a) What is the average culling rate for your herd/flock per year?		(b) (4)		
24b) What are the reasons animals are culled from your herd/flock?		(b) (4)		
25a) What is the average death rate for your herd/flock per year?		(b) (4)		
25b) By what method are carcasses disposed?				
(b) (4) Burial				
(b) (4) Composting				
(b) (4) Incineration				
(b) (4) Removed from farm through professional services				
(b) (4) Other (specify):				

Business Name: \_\_\_\_\_

<b>SECTION F (continued)</b>	<b><sup>1</sup> HEALTH MANAGEMENT (CONTINUED)</b>		
	26) Have any of the following been applied or administered to any animals under organic management?		
	Hormones:	(b) (4) Yes <sup>5</sup>	(b) (4) No
	Synthetic Parasiticides on a routine basis:	Yes <sup>5</sup>	No
	Synthetic Parasiticides to slaughter stock:	Yes <sup>5</sup>	No
	Antibiotics:	Yes <sup>5</sup>	No
	<sup>1</sup> If Yes to any of the above, have these animals been removed from organic production?	Yes	No <sup>7</sup>
	Probiotics:	Yes <sup>6</sup>	No
	<sup>6</sup> If Yes, were the probiotics from a synthetic or genetically modified organism (GMO) source?	Yes <sup>8</sup>	No
	<sup>8</sup> If Yes, have these animals been removed from organic production?	Yes	No <sup>7</sup>
<sup>7</sup> If No, explain:	(b) (4)		

Business Name:

**LIVESTOCK LIVING CONDITIONS**

§205.239

**TEMPORARY CONFINEMENT**

27) Select the reasons that animals are temporarily confined:

- (b) Inclement weather
- (4) Animal's stage of life (\*note: lactation is not a stage of life that warrants confinement)
- Conditions under which the health, safety or wellbeing of the animal could be jeopardized
- Risk to soil or water quality
- Preventative healthcare procedures or for the treatment of illness or injury
- Sorting or shipping animals and livestock sales
- Breeding
- Youth projects or competitions (fairs, shows, etc.)
- Dry off/end of lactation
- Parturition
- Shearing
- Finishing
- Other (specify):

**\*\*Note that temporary confinement situations often have a specific time limit or restrictions that must be observed and documented.**

**OUTDOOR ACCESS**

28) Do all animals under organic management have access to the outdoors?

(b) (4) es (b) (4)

If No, you will be required to develop a plan to allow outdoor access.

29) Are outdoor access areas managed to provide forage?

(b) (4)

If No, what is available as ground cover?

(b) (4)

If No, how are outdoor conditions maintained to reduce pest or disease issues?

(b) (4)

30) Choose all of the following that apply to the living conditions provided for all production groups:

- (b) Animals have room to perform natural maintenance (grooming, removing, or dealing with pests, etc.)
- (4) Animals have adequate room to perform comfort behaviors (laying down & chewing cud, roosting, ching, rooting, bathing, etc.)
- Animals have adequate room to fully stretch limbs
- Animals have adequate room to stand up completely
- Animals have adequate room to move about freely
- Animals have adequate room to lay down completely
- Animals have enough space so that when eating or being fed they do not compete
- Animals have the opportunity to exercise
- Controlled temperature level

How are temperature levels controlled?

(b) (4)

What system is used to control temperature?

☒ Adequate ventilation

How is the ventilation controlled?

What system is used to control ventilation?

SECTION G

Business Name:

**OUTDOOR ACCESS (CONTINUED)**

- (b) Adequate air circulation suitable to the species  
 (4) How is air circulation controlled?  
 What system is used for air  
 Safe environment that reduces the potential for livestock injury  
 Pen or shelter with roof and some walls  
 Open-air pen  
 Mobile housing  
 Other (specify):

31a) What type of bedding is provided in confinement areas?

Bedding type: Source of bedding:

(b) (4)

*\*Note that if roughage is used as bedding, it must be organic from a certified organic operation.*

Typically, how often is the bedding changed or replaced?

(b) (4)

How is the bedding disposed after removal from the confinement area?

(b) (4)

31b) (Poultry only) What nesting material is provided and how often is that material changed, replaced, or replenished?

(b) (4)

32) What methods are used for pest management control?

- (b) (4) Mechanical traps  
 predators  
 Cleanliness  
 Materials\* (list below and attach labels/ingredient information)  
 Other (specify):

*Brand	*Manufacturer	*Ingredients
(b) (4)		Attachment
		Attachment
		Attachment
		Attachment
		<input type="checkbox"/> Attachment

33) What methods are used for predator control?

- (b) Fencing  
 (4) Netting  
 Guard animals  
 Hazing tactics  
 Other (specify):

(b) (4)

SECTION G (continued)

Business Name:

**2 OUTDOOR ACCESS (CONTINUED)****Manure Management**

34) Is manure management monitored by County, State, Federal Agency, or other organization?

Yes<sup>1</sup> (b) (4) No (b) (4)<sup>1</sup> If Yes, what agency or organization? (b) (4)<sup>1</sup> If Yes, what program or license requires it? (b) (4)<sup>1</sup> If Yes, are you audited/inspected for that plan? (b) (4) Yes (b) (4) No

35a) What type of containment system is used for the solid manure and what is the holding capacity?

(b) (4)

35b) What type of containment system is used for liquid manure or slurry and what is the holding

(b) (4)

36) Is the manure used in a compost production system?

(b) (4) Yes<sup>1</sup> (b) (4) No<sup>1</sup> If Yes, does that production system incorporate the NOP compost standards?

(b) (4) Yes (b) (4) No

37) If manure is used on farm, how many acres are available for it to be spread on? (b) (4)

38) Please check all of the following that are used within your manure management system to prevent contamination of crops, water, and/or soil from excessive nutrients, heavy metals, or pathogenic organisms and that demonstrate recycling of nutrients?

(b) Regular soil tests of applicable areas

(4) Rotation of acreage in which manure is spread (if applicable, please briefly describe the rotation):

(b) (4)

Barriers to prevent run off of stored manures

Dilution of liquids during application

Manures are used in a composting or vermicomposting system

Other (specify):

SECTION G (continued)

Business Name: \_\_\_\_\_

**STOCKING RATES**

39) Fill out the following information regarding stocking rates of your livestock (if a particular category does not pertain to you enter a "0");

Cattle		(b) (4) N/A				
Cattle- Adult: Max. # adult animals	Cattle- Adult: Indoor floor area for adult animals (Sq. ft.)	Cattle- Adult: Outdoor runs and pen area, not incl. pasture for adults (Sq. ft.)	Cattle- Adult: Pasture devoted to grazing (acres)	Cattle- Finishing: Max # of adult animals in final finishing phase	Cattle- Finishing: Total size of finishing area (Sq. ft.)	Cattle- Young Stock: Max. # young stock

(b) (4)

Cattle- Young Stock: Indoor floor area for young stock (Sq. ft.)	Cattle- Young Stock: Outdoor runs and pen area for young stock (Sq. ft.)	Cattle- Young stock: Pasture devoted to grazing (acres)	Cattle- Calves: Width of individual housing if used (ft.)	Cattle- Calves: Outdoor area accompanying individual calf housing, if used (Sq. ft.)
--	--	---	---	--

(b) (4)

Chickens & Turkeys		(b) (4) N/A				
Chickens- Layers: Max # layer hens	Chickens- Layers: Indoor floor area for layer hens (Sq. ft.)	Chickens- Layers: Outdoor run area for layers (Sq. ft.)	Chickens- Layers: Pasture available for rotation (acres)	Chickens- Broilers: Max # of broiler birds	Chickens- Broilers: Max. weight of birds per square foot indoors (Lbs per sq. ft.)	Chickens- Broilers: Outdoor run area for broilers (Sq. ft.)

(b) (4)

Chickens- Broilers: Pasture available for rotation (acres)	Turkeys- Max #	Turkeys: Max weight of birds per sq. foot indoors (Lbs per sq. ft.)	Turkeys: Max weight of birds per sq. foot in outdoor runs (Lbs per sq. ft.)	Turkeys: Pasture available for rotation (acres)
--	----------------	---	---	---

(b) (4)

SECTION G (continued)

Business Name:

**STOCKING RATES (CONTINUED)**

Sheep & Goats		(b) (4) /A				
Goats: # of kids	Goats: Total indoor floor area available for both adults and kids (sq. ft.)	Goats: Outdoor runs and pen area, not incl. pasture. (Sq. ft.)	Goats: Pasture devoted to grazing (acres)	Sheep: Max. # adult animals	Sheep: Maximum # lambs	Sheep: Total indoor floor area available for both adults and lambs (Sq. ft.)

(b) (4)

Sheep: Outdoor runs and pen area, not including pasture. (Sq. ft.)	Sheep: Pasture devoted to grazing (acres)
--	---

(b) (4)

(b) (4)

Swine		(b) (4) /A				
Max # of sows in group pens	Indoor floor area for sows in group pens (sq. ft.)	Outdoor runs and pen area for sows (sq. ft.)	Max # of boars in individual pens	Indoor floor area for boars in individual pens (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs up to 65lbs

(b) (4)

Indoor floor area for growing pigs up to 65lbs (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs 65lbs-110lbs	Indoor floor area for growing pigs 65-110lb (sq. ft.)	Outdoor runs and pen area for growing pigs 65-110lbs (sq. ft.)	Max # of growing pigs 110-185lbs	Indoor floor area for growing pigs 110-185lbs (sq. ft.)
--	--	------------------------------------	---	--	----------------------------------	---

(b) (4)

Outdoor runs and pen area for growing pigs 110-185lbs (sq. ft.)	# of growing pigs >185lbs	Indoor floor area for growing pigs >185lbs (sq. ft.)	Outdoor runs and pen area for growing pigs >185	Sows and piglets (up to 40 days old)	Indoor fl area for ea sow and litter (sq. ft.)	Outdoor runs and pen area for ea sow and litter (sq. ft.)
---	---------------------------	--	---	--------------------------------------	--	---

(b) (4)

SECTION G (continued)

Business Name:

PASTURE PRACTICE STANDARD		\$205.237 & \$205.240	
<b>1 ACCESS TO PASTURE</b>			
40a) (Poultry only) Does poultry have access to pasture year-around?	(b) (4) Yes	(b) (4) No <sup>1</sup>	(b) (4) NA
40b) (Swine only) Does swine have access to pasture year-around?	Yes	No <sup>1</sup>	NA
<sup>1</sup> If No, you will be required to develop a plan to allow year-around access to pasture.			(b) (4) NA
40c) (Poultry only) How is pasture quality monitored and maintained for poultry?	(b) (4)		
40d) (Swine only) How is pasture quality monitored and maintained for swine?	(b) (4) NA		
The following questions are for ruminant animals only.			
41) At what age are ruminants given access to pasture:	(b) (4)		
<i>*Note: Animals older than 6 months of age are required to have access to pasture.</i>			
42) Provide the pasture access information for each of your ruminant production groups:			
Production Group	Projected Pasture Schedule (List start and end dates)	Pasture(s) Available (List pasture ID's)	Acres
			Number of Head
(b) (4)			
43) What are the months of your typical forage growing season?			
(b) (4)			
44) What months are you typically able to graze?			
(b) (4)			
45) Describe your grazing methods or program:			
(b) (4)			
46) What method is used to calculate dry matter demand (DMD) for each production group?			
(b) (4)			
47a) How is the quality of pasture monitored and maintained?			
(b) (4)			

SECTION H

Business Name: \_\_\_\_\_

SECTION H (continued)	<b>1 ACCESS TO PASTURE (CONTINUED)</b>	
	47b) Is the pasture(s) of quality and quantity to provide all ruminants under organic management with an average of not less than 30% of their dry matter intake (DMI) from grazing throughout the grazing season?	(b) (4) Yes (b) (4) No <sup>2</sup>
	<sup>2</sup> If No, you will be required to develop a grazing plan that will meet this requirement.	
	<b>2 PASTURE REQUIREMENTS</b>	
	<b>Ruminant Livestock Only</b>	
	Are you applying for organic livestock certification for the first time?	(b) (4) Yes <sup>3</sup> (b) (4) No
	<sup>3</sup> If Yes, you must submit form ROR-623 Organic Livestock Dry Matter Worksheet. This form must be completed as an annual projection of pasture dry matter intake (DMI) (March 1 - last day of February) to indicate compliance under §205.237, §205.239, and §205.240 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.	
	Are you applying for your organic livestock certification annual update?	(b) (4) Yes <sup>4</sup> (b) (4) No
	<sup>4</sup> If Yes, you must complete and submit form ROR-623 Organic Livestock Dry Matter Intake Worksheet to the Texas Department of Agriculture Organic Certification Program 30 days following each certification fiscal year quarter. The TDA Organic Certification Program uses this form to evaluate your compliance with section §205.237, §205.239, and §205.240 of the NOP regulations. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.	
	<b>All Livestock and Poultry</b>	
Are you applying for organic livestock certification for the first time?	(b) (4) Yes <sup>5</sup> (b) (4) No	
<sup>5</sup> If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed as an annual projection of pasture access (March 1 - last day of February) to indicate compliance under §205.239 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application.		
Are you applying for your organic livestock certification annual update?	(b) (4) Yes <sup>6</sup> (b) (4) No	
<sup>6</sup> If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed to indicate your compliance under §205.239 of the NOP regulations. This form must be completed and attached with this application.		

Business Name:

RECORD KEEPING		\$205.103
SECTION I	48) Please mark all the records that are currently maintained:	
	(b) (4)	Documentation of purchased animals organic status, age at purchase, management history and identification.*
		Health treatments: Identification of animal or group treated, date of treatment, treatment given.*
		Purchased feed and supplements: Receipts, organic certificates, content information, etc.*
		Sales.*
		Animal Identification.*
		Production: Quantities, dates, etc.*
		Material ingredient information.*
		Veterinary services: Dates, treatments or services rendered, supplies invoiced, etc.*
		Complaint management.*
		Ration: Amounts purchased, stored, fed, contents, etc.*
		Breeding records.
		Birthing/hatching records.
		Feed storage system.
		Feed inventory.
	Culling and/or death loss.	
	Shipping/transportation.	
	Other (specify):	(b) (4)
<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p>		

Business Name:

**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 36 month period prior to projected harvest. I understand that the operation may be subjected 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 form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

(1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;

(2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and

(3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

Signature of Responsible Party:

(b) (6)

Date:

2-21-11

Print Name:

TRAVIS W. PRICE

I have attached the following documents:

- ☐ Notice(s) of non-compliance or denial of certification from other certifying agencies
- ☐ Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- ☐ Form ROR-600 Organic Certification Application
- ☒ Form ROR-623 Organic Livestock Dry Matter Worksheet (Ruminants only)
- ☒ Form ROR-624 Organic Livestock Outdoor Access Calendar (All livestock and poultry)
- ☒ I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture (TDA)

Organic Certification Program

P.O. Box 12847

Austin, TX 78711

SECTION J

Business Name:

**2 FEED MANAGEMENT (CONTINUED)**

11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients.

*Agricultural ingredients in feed supplements (middlings, carriers, molasses, herbs, etc.) are required to be organic.*

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: (b) Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: (b) Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to
(b) (4)			

Ingredients: (b) Attached

(b) (4)

Brand Name	Manufacturer	Delivery Method	Frequency fed to

Ingredients: ☐ Attached

SECTION E (continued)

11b) Please list all source(s) of water provided for the animals and where they are located:

Source:	(b) (4)	Available to:	(b) (4)
Source:		Available to:	
Source:		Available to:	
Source:		Available to:	

11c) Do you have your water tested?

(b) Yes<sup>1</sup>

(b) No

<sup>1</sup> If Yes, provide your most current information:

Date of Test	Materials Tested for	Results
(b) (4)		

11d) How are the water sources cleaned or routinely maintained?

(b) (4)

11e) Are materials used to clean or maintain watering sources?

(b) Yes<sup>2</sup>

(b) No

<sup>2</sup> If Yes, provide the following information about the materials used:

Brand Name	Manufacturer	Ingredients
(b) (4)		
Attachment		
Attachment		

(b) (4)



Business Name:

**HEALTH MANAGEMENT (CONTINUED)**

16) How is the health of animals evaluated?

- (b) (4) Body condition scoring  
 (4) Physical characteristics  
 Testing (specify):  
 Production  
 Visual assessment  
 Behavior  
 Other (specify):

17) Please list the products that are part of your health management program:

\*Attach copies of labels/ingredient information.

Brand Name:	Manufacturer:	Ingredients:	Purpose of Material:
-------------	---------------	--------------	----------------------

(b) (4)

SECTION E (continued)

		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	

18) List the disease or ailment concerns in your area or within your herd/flock:

(b) (4)

19) Where are health materials stored on the farm?

(b) (4)

20) Who is responsible for administering health treatments? (b) (4)

21) How are those responsible for feeding or administering health treatments trained with regard to the organic regulation?

(b) (4)

22) Is a veterinarian part of your health management program? (b) Yes (b) No

If Yes, please provide their contact information: (b) (6), (b) (4)

If Yes, are they familiar with treating organic livestock and the organic regulation requirements? (b) Yes (b) No

SECTION C		Organic Livestock Dry Matter (DM) Worksheet	
Production Group:		(b) (4)	
Class/Stage of production:		(b) (4)	
Pasture:		(b) (4)	
Dates Grazed (start date-end date):		(b) (4)	
Number of days grazed in Class/Stage of production:		(b) (4)	
Number of animals:		(b) (4)	
Average weight:		(b) (4)	
Dry Matter Demand (DMD)		(b) (4)	
Source: NRC/NOP Table Value or Other [A]		(b) (4)	
Other Feed Sources:		(b) (4)	
Name of Feed lb, as fed x % DM of Feed Source [d] = DMI		(b) (4)	
Name of Feed lb, as fed x % DM of Feed Source [e] = DMI		(b) (4)	
Name of Feed lb, as fed x % DM of Feed Source [f] = DMI		(b) (4)	
Name of Feed lb, as fed x % DM of Feed Source [g] = DMI		(b) (4)	
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g [B]		(b) (4)	
% DMI from feed sources = (B/A)*100		(b) (4)	
Pasture DMI, lb = A-B [C]		(b) (4)	
% DMI from pastures = (C/A)*100		(b) (4)	
DM%: Grains = 89%		(b) (4)	
Hay = 90%		(b) (4)	
Silage = 25-35%		(b) (4)	
Range Cubes = 89%		(b) (4)	
Avg. %DMI from Pasture Over the Grazing Season		(b) (4)	
Total Days		(b) (4)	

SECTION D		SIGNATURE	
I hereby declare this report is true, correct and complete to the best of my knowledge.			
Preparer Printed name	Travis W. Price	Phone	(b) (6)
Preparer Title	(b) (6)	Date	7 / 11 / 2011
Preparer Sig	(b) (6)	month	day year

1 Organic Livestock Dry Matter (DM) Worksheet		
SECTION C	Production Group:	(b) (4)
	Class/Stage of production:	(b) (4)
	Pasture:	(b) (4)
	Dates Grazed (start date-end date):	(b) (4)
	Number of days grazed in Class/Stage of production:	(b) (4)
	Number of animals:	(b) (4)
	Average weight:	(b) (4)
	Dry Matter Demand (DMD)	(b) (4)
	Source: NRC/NOP Table Value or Other: [A]	(b) (4)
	Other Feed Sources:	(b) (4)
	Name of Feed	(b) (4)
	lb, as fed	(b) (4)
	x % DM of Feed Source	(b) (4)
	[d] = DMI	(b) (4)
	Name of Feed	(b) (4)
lb, as fed	(b) (4)	
x % DM of Feed Source	(b) (4)	
[e] = DMI	(b) (4)	
Name of Feed	(b) (4)	
lb, as fed	(b) (4)	
x % DM of Feed Source	(b) (4)	
[f] = DMI	(b) (4)	
Name of Feed	(b) (4)	
lb, as fed	(b) (4)	
x % DM of Feed Source	(b) (4)	
[g] = DMI	(b) (4)	
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g [B]	(b) (4)	
% DMI from feed sources = (B/A)*100	(b) (4)	
Pasture DMI, lb = A-B [C]	(b) (4)	
% DMI from pastures = (C/A)*100	(b) (4)	
DM%: Grains = 89%	(b) (4)	
Hay = 90%	(b) (4)	
Silage = 25-35%	(b) (4)	
Range Cubes = 89%	(b) (4)	
Avg. %DMI from Pasture Over the Grazing Season	(b) (4)	
Total Days	(b) (4)	

1 SIGNATURE		
I hereby declare this report is true, correct and complete to the best of my knowledge.		
Preparer Printed name	Phone	(b) (6)
Preparer Title	Date	7 / 11 / 2011
Preparer Signature	month	day year

Organic Livestock Dry Matter (DM) Worksheet				
SECTION C	Production Group:	(b) (4)		
	Class/Stage of production:			
	Pasture:			
	Dates Grazed (start date-end date):			
	Number of days grazed in Class/Stage of production:			
	Number of animals:			
	Average weight:			
	Dry Matter Demand (DMD)			
	Source: NRC/NOP Table Value or Other	[A]		
	Other Feed Sources:			
		Name of Feed lb, as fed x % DM of Feed Source = DMI	[d]	
		Name of Feed lb, as fed x % DM of Feed Source = DMI	[e]	
		Name of Feed lb, as fed x % DM of Feed Source = DMI	[f]	
		Name of Feed lb, as fed x % DM of Feed Source = DMI	[g]	
	Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g	[B]		
% DMI from feed sources = (B/A)*100				
Pasture DMI, lb = A-B	[C]			
% DMI from pastures = (C/A)*100				
DM%: Grains = 89%	Avg. %DMI from Pasture Over the Grazing Season	(b) (4)	Total Days	
Hay = 90%			(b) (4)	
Silage = 25-35%				
Range Cubes = 89%				

SIGNATURE			
SECTION D	I hereby declare this report is true, correct and complete to the best of my knowledge.		
	Preparer Printed name	Phone	
	Travis D. Price	(b) (6)	
	Preparer Title	Date 7 / 11 / 2011	
	(b) (6)	month day year	
Preparer Signature	(b) (6)		



**Texas Department of Agriculture**  
*Organic Livestock Outdoor Access Calendar*

**ROR-624**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>	
	Full Legal Business Name: <u>REDLAND DAIRY LLC</u>	
	TDA Client No. <u>(b) (4)</u>	TDA License No.

<b>SEC B</b>	<b>REPORT DATES</b>
	Calendar Year: <u>2010</u>

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

SECTION C					Outdoor Access Calendar			
January		February		March		April		
(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	
(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	
Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	
(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	
May		June		July		August		
(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	
(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	
Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	
(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	
September		October		November		December		
(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	(b) Full Access	
(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	(4) Temporary	
Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	Confinement*	
(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	(b) No Access*	
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	

SECTION D			Confinement Details		(b) N/A
*List all days and reasons for confinement of any animal:					
Date:	Reason for confinement:			Herd/flock/animal ID	
(b) (4)					

**SECTION D (continued)**

SECTION E	<b>SIGNATURE</b>	
	I hereby declare this report is true, correct and complete to the best of my knowledge.	
	Preparer Printed name	Phone/Email (b) (6)
	Travis Price	
	Preparer Title	Date 3-1-2011
	(b) (6)	
	Preparer Signature	
	(b) (6)	



**Texas Department of Agriculture**  
*Organic Livestock Dry Matter Worksheet*

**ROR-623**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>	
	Full Legal Business Name <i>Redhawk Dairy LLC</i>	
	TDA Client No. (b) (4)	TDA License No. (b) (4)

<b>SECTION B</b>	<b>Report Dates</b>	
	From <i>11/01/11</i> month day year	To <i>03/01/11</i> month day year

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

SECTION C	<b>Organic Livestock Dry Matter (DM) Worksheet</b>			
	Production Group: _____			
	Class/Stage of production: _____			
	Pasture: _____			
	Dates Grazed (start date-end date): _____			
	Number of days grazed in Class/Stage of production: _____			
	Number of animals: _____			
	Average weight: _____			
	Dry Matter Demand (DMD)			
	Source: NRC/NOP Table Value or _____			
	Other: [A] _____			
	Other Feed Sources:			
	Name of Feed _____ lb, as fed _____ x % DM of Feed Source _____ = DMI, (d) _____			
	Name of Feed _____ lb, as fed _____ x % DM of Feed Source _____ = DMI, (e) _____			
	Name of Feed _____ lb, as fed _____ x % DM of Feed Source _____ = DMI, (f) _____			
Name of Feed _____ lb, as fed _____ x % DM of Feed Source _____ = DMI, (g) _____				
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g (B) _____				
% DMI from feed sources = (B/A)*100 _____				
Pasture DMI, lb = A-B (C) _____				
% DMI from pastures = (C/A)*100 _____				
DM%: Grains = 89%				
Hay = 90%				
Silage = 25-35%				
Range Cubes = 89%				
		Avg. %DMI from Pasture Over the Grazing Season (b) (4) _____		
		Total Days (b) (4) _____		

SECTION D	<b>SIGNATURE</b>	
	I hereby declare this report is true, correct and complete to the best of my knowledge.	
	Preparer Printed name Travis V. Price	Phone (b) (6)
	Preparer Title (b) (6)	Date 02 / 01 / 2011 month day year
	Preparer Sign (b) (6)	

Table 14-4: Daily Dry Matter Demand Requirements in Kilograms and Pounds Early Lactation *Large Breed Dairy Cows 20 - 40 Kilograms or 44 - 88 Pounds Daily Milk Production 78% Total Digestible Nutrients Diet				
Daily Milk Production (kg)	Milk Fat (%)	DMD (kg)	Daily Milk Production (lb)	Milk Fat (%)
(b) (4)				
*Large Breed Live Weight = 680 kilograms or 1,499 Pounds DMD = Dry Matter Demand, kg = Kilogram, lb = Pound				

Adapted from: "Table 14-4," from *Nutrient Requirements of Dairy Cattle: Seventh Revised Edition, 2001*, by Subcommittee on Dairy Cattle Nutrition, Committee on Animal Nutrition, National Research Council, 2001, Washington, D.C.: National Academies Press. Copyright 2001 by National Academy of Sciences.

Table 14-5: Daily Dry Matter Demand Requirements in Kilograms and Pounds Mid Lactation *Large Breed Dairy Cows 35 - 55 Kilograms or 77 - 121 Pounds Daily Milk Production 78% Total Digestible Nutrients Diet				
Daily Milk Production (kg)	Milk Fat (%)	DMD (kg)	Daily Milk Production (lb)	Milk Fat (%)
(b) (4)				
*Large Breed Live Weight = 680 kilograms or 1,499 Pounds DMD = Dry Matter Demand, kg = Kilogram, lb = Pound				

Adapted from: "Table 14-5," from *Nutrient Requirements of Dairy Cattle: Seventh Revised Edition, 2001*, by Subcommittee on Dairy Cattle Nutrition, Committee on Animal Nutrition, National Research Council, 2001, Washington, D.C.: National Academies Press. Copyright 2001 by National Academy of Sciences.



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

P. O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
www.dshs.state.tx.us

Permit: (b) (4)  
REDLAND DAIRY LLC  
42547 US 70  
PORTALES, NM 88130

December 17, 2010

This is to notify you of the laboratory analysis results of the last samples taken on your products:

Product: (b) (4) Source: (b) (4) Location: (b) (4)

Collected Date	Size	Temp	Standard Plate	Coliform	Growth Inhibitor	Phos	Freezing Point	Somatic Cell
11/15/2010	(b) (4)							

Product: Water Source: Well Water Location: MR SINK

Collected Date	Size	Temp	Standard Plate	Coliform	Growth Inhibitor	Phos	Freezing Point	Somatic Cell
(b) (4)								

If you have any questions please call:

(b) (4)

Business Phone (b) (4)

Sincerely,

James R. Fraley, Jr.  
Milk Group PSQA

(b) (4)



(b) (4)



(b) (4)



12/3/2010

AMS02999

(b) (4), (b) (6)



(b) (4)



(b) (4)

(b) (4)

(b) (4)

# ***REDLAND DAIRY, LLC.***

## **VETERINARIAN INFORMATION**

(b) (6)



(b) (4)



(b) (4)



(b) (4)

5

(b) (4)

12/21/2009 AMS03007

(b) (4)

5

(b) (4)

12/31/2009 AMS03008

(b) (4)

(b) (4)

(b) (4)

(b) (4)

(b) (4)

(b) (4)

Page 5 of 5

(b) (4)

(b) (4)

12/31/2009 AMS03011

(b) (4)



(b) (4)



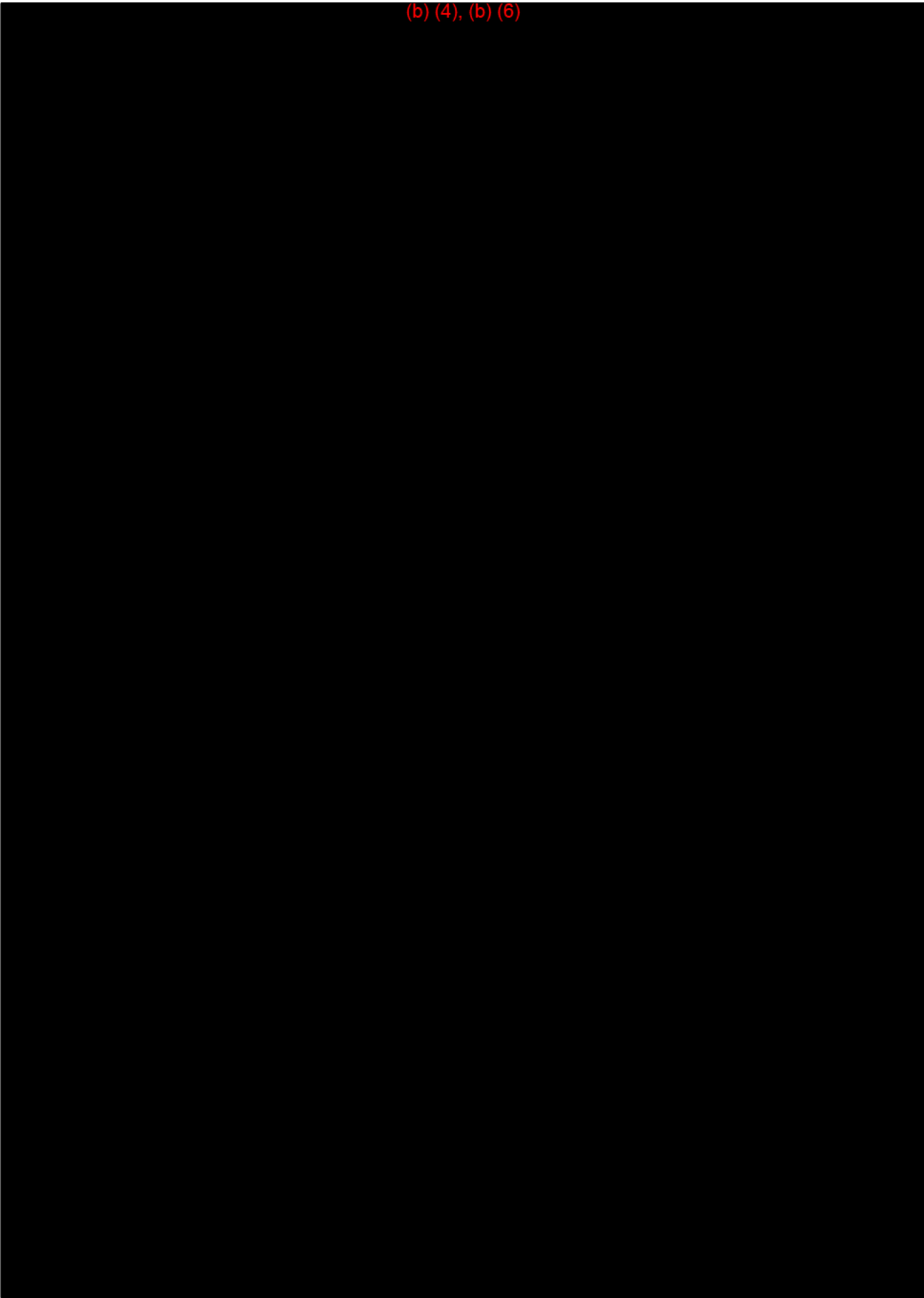
(b) (4)



600011

AMS03014

(b) (4), (b) (6)



600011

AMS03015

(b) (4)



(b) (6), (b) (4)



(b) (4)

(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)

Page 1 of 7

(b) (4)

(b) (4)

12/31/98

AMS03023

(b) (4)

Page 2 of 7

(b) (4)

(b) (4)

12/31/98

AMS03024

(b) (4)

Page 3 of 7

(b) (4)

(b) (4)

12/31/98

AMS03025

(b) (4)

Page 4 of 7

(b) (4)

(b) (4)

12/31/98

AMS03026

(b) (4)

Page 5 of 7

(b) (4)

(b) (4)

12/31/98

AMS03027

(b) (4)

Page 6 of 7

(b) (4)

(b) (4)

12/31/98

AMS03028

(b) (4)

Page 7 of 7

(b) (4)

(b) (4)

12/31/98

AMS03029

(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



# REDLAND DAIRY

(b) (4)



(b) (4)

(b) (4)

(b) (4)

(b) (4)



(b) (4)

(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)



(b) (4)

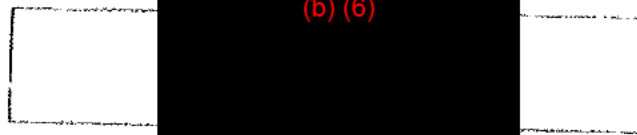


(b) (4)



# Certificate of Conformity

## USDA National Organic Program



Reg. # (b) (4)

Pro-Cert Organic Systems Ltd. hereby certifies that the above operation is compliant with the United States Federal Organic Food Production Act of 1990 (OFPA) and the United States Department of Agriculture (USDA) National Organic Program (NOP). This certification is based on the evaluation of: (i) an application containing the organic production plan, (ii) the results of an inspection of the operation, (iii) cropping history, (iv) production records and (v) such tests or other information deemed essential by the certifying agent. The NOP status of the various products is specified on the attached Organic Production Summary which is part of this certificate.

Categories of Organic Production: (b) (4)

Products Certified Organic:



See the attached Organic Production Summary

Effective Date of Certification: August 5, 2011

Date of Last Inspection: August 5, 2011

This certification remains in effect until surrendered by the holder or until revoked by Pro-Cert's state organic program official or the NOP Administrator. However, continuation of the certification requires an annual update of the organic production/handling plan, an annual inspection (within the first 6 months following the anniversary date) and annual evaluation by Pro-Cert.

Certification System: #6 according to ISO/IEC Guide 67

(b) (6)  
J. Wallace Hamlin, M.Sc., P.Ag.  
General Manager

**Pro-Cert**  
ORGANIC

Date of Issue: August 16, 2011

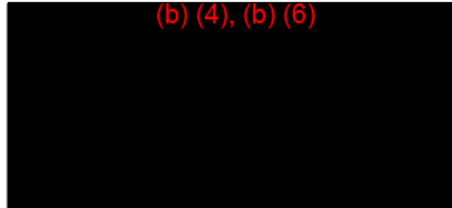


Via the Head Office:

Box 100A, RR#3 -- 475 Valley Road  
Saskatoon, SK Canada S7R 3J6  
Ph: (306) 382-1299 Fax: (306) 382-0685  
www.pro-cert.org

Doc # PC 11 - NOP 15001  
Version 1.0 Effective 6/15/10

## CERTIFICATE OF COMPLIANCE

**OneCert**  
**Certified Organic**

OneCert has inspected and verified that the above named operation is in compliance with the  
**USDA National Organic Program**  
(Organic Food Product Act of 1990 and 7 CFR Part 205)

Type of operation:

(b) (4)

Certified products:

Organic Products	Category
(b) (4)	

This certificate is valid until certification is surrendered, suspended, or revoked. An updated organic management plan and on-site inspection are required annually.

Effective Date: 18 July 2003

Updated: 15 November 2010

Last Annual Inspection Date: 9 July 2010

(b) (6)

This document belongs to *OneCert* and must be returned upon request. Only the original is a valid document. Photocopies or faxed copies are not valid instruments.

**OneCert<sup>®</sup>, Inc.**427 N. 33<sup>rd</sup> Street - Lincoln, NE 68503 USA

Phone: (402) 420-6080 Fax: (888) 476-8044

Email: [info@onecert.com](mailto:info@onecert.com) Web site: [www.onecert.com](http://www.onecert.com)



P.O. Box 12447 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov



## Texas Department of Agriculture Organic Certificate

TODD STAPLES, COMMISSIONER

This is to certify that

(b) (4), (b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class:

(b) (4)

Certificate Number:

TDA Client Number:

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:

(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date:	07/07/2011
NOP effective date:	01/01/2003
Next update due:	03/01/2012



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing Impaired: (800) 735-2968 www.TexasAgriculture.gov



## Texas Department of Agriculture Organic Certificate

Todd Staples, Commissioner

This is to certify that

(b) (4), (b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: (b) (4)

Certificate Number: (b) (4)

TDA Client Number: (b) (4)

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Producer

(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date: 06/02/2011  
NOP effective date: 09/16/2008  
Next update due: 03/01/2012



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov



## Texas Department of Agriculture Organic Certificate

Todd Staples, Commissioner

This is to certify that

(b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class:

(b) (4)

Certificate Number:

(b) (4)

TDA Client Number:

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:

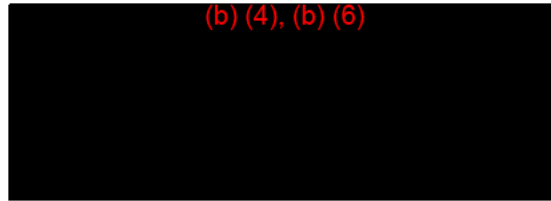
(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date: 08/10/2011  
NOP effective date: 08/09/2011  
Next update due: 03/01/2012

## CERTIFICATE OF COMPLIANCE

*OneCert*  
***Certified Organic***



(b) (4), (b) (6)



OneCert has inspected and verified that the above named operation is in compliance with the  
***USDA National Organic Program***  
 (Organic Food Product Act of 1990 and 7 CFR Part 205)

Type of operation:

(b) (4)

Certified products:

Organic Products	Category
(b) (4)	

This certificate is valid until certification is surrendered, suspended, or revoked. An updated organic management plan and on-site inspection are required annually.

Effective Date: 28 October 2009

Updated: 4 May 2010

Last Annual Inspection Date: 15 April 2010

(b) (6)

This document belongs to ***OneCert*** and must be retained upon request. Only the original is a valid document. Photocopies or faxed copies are not valid instruments.

***OneCert, Inc.***

2601 B Street, #1 - Lincoln, NE 68502 USA

Phone: (402) 420-6080 - Fax: (888) 475-6044

Email: [info@onecert.com](mailto:info@onecert.com) - Website: [www.onecert.com](http://www.onecert.com)

**OneCert<sup>®</sup>, Inc.**

427 N. 33<sup>rd</sup> Street - Lincoln, NE 68503 USA  
Phone: (402) 420-6080 Fax: (888) 475-6044  
Email: info@onecert.com Web site: www.onecert.com

May 27, 2011

(b) (4), (b) (6)

**RE: Letter of Good Standing**

To whom it may concern:

This letter confirms that the operator identified above is a client in good standing with OneCert, has paid certification fees for the current year, and has met all other certification requirements of the annual renewal process. As required by the USDA National Organic Program, OneCert is reviewing their file and (b) (4), (b) (6) does have a valid certificate. That certificate remains valid until it is surrendered, suspended, or revoked.

Please contact OneCert if you have any questions.

Sincerely,

(b) (6)

(b) (6)

Certification Manager

**State of New Mexico**  
**Certified Organic Livestock Producer**

(b) (4), (b) (6)

CERTIFICATION IDENTIFICATION NUMBER: (b) (4)

EFFECTIVE DATE: 10/18/2008

THIS CERTIFICATE IS ISSUED WITH AN ACCOMPANYING PRODUCT LIST AND IS  
NOT TO BE CONSIDERED COMPLETE WITHOUT IT.

This certificate has been issued by the New Mexico Organic  
Commodity Commission and verifies that the above named business  
has complied with all of the terms and conditions of the New Mexico  
Organic Certification Program and the National Organic Program,  
7 CFR 205. This certificate is non-transferable and is intended for the  
sole use of the above named operation.

CERTIFIED ORGANIC BY:

New Mexico Organic Commodity Commission  
4001 Indian School Rd NE Suite 310, Albuquerque, New Mexico 87110  
(505) 841-9070; fax: (505) 841-9080  
<http://nmoco.state.nm.us/>

(b) (6)

2/19/09

(b) (6)

Chief Inspector

DOC CA04b; Version G; Eff. date: 1/15/08



New Mexico Organic Commodity Commission  
4001 Indian School Rd NE Suite 310 Albuquerque, NM 87110  
(505) 841-9070, fax (505) 841-9080 <http://nmocc.state.nm.us/>

## CERTIFIED ORGANIC PRODUCT LIST

THIS IS NOT AN ORGANIC CERTIFICATE  
IT IS COMPLETE ONLY WITH AN ACCOMPANYING ORGANIC CERTIFICATE

Operation:

Operator:

Location:

Acres:

Certification Identification Number:

Time frame covered by this document: 12/1/2010 to 12/1/2011

### ORGANIC CROPS:

Farm/Field	Location	Acreage	Crops
(b) (4)	(b) (4)	(b) (4)	(b) (4)

### ORGANIC LIVESTOCK:

(b) (4)

(b) (6)

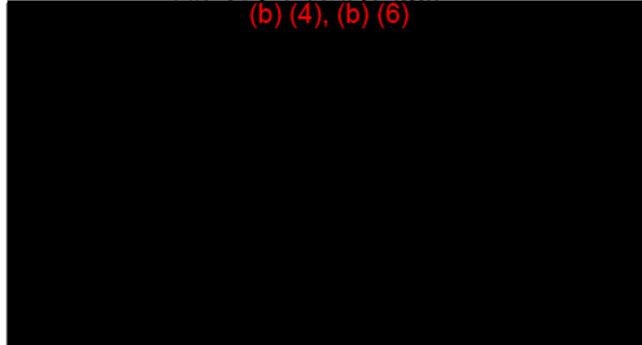
(b) (6)

Chief Inspector

# Quality Certification Services (QCS)

Hereby certifies that

(b) (4), (b) (6)



Meets the strict standards to be

## CERTIFIED ORGANIC

Quality Certification Services, a USDA National Organic Program and ISO-65 compliant organic certification program, has determined, based on a review of the above named entity's application and records, and inspection of its fields, facilities and processes, that the above named entity meets or exceeds the appropriate and applicable standards of organic production, handling, and processing. In displaying this certificate, the Certified Entity warrants that it is in, and will remain in, full compliance with the organic standards set by the USDA National Organic Program.

This certification does not expire and is good until surrendered, suspended, or revoked.

QCS Entity ID

(b) (4)

Effective Date:

7/13/2009



P.O. Box 12311  
Gainesville, FL 32604  
Phone: 352-377-0133

Facility Location(s)

Certified Product(s)

(b) (4)

Scope

(b) (4)

(b) (6)

(b) (6)

Certification Coordinator

CS-E-01,V1,R1,9-17-04



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	June 2, 2010	(b) (4)
		July 20, 2009	

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	
		June 3, 2010	
		June 3, 2010	
		June 3, 2010	



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8383 • [www.qcsinfo.org](http://www.qcsinfo.org)

(b) (4)

Date Issued: June 11, 2010

Last Updated: August 4, 2010

*The Product Verification Form does not replace the organic certificate. QCS issues separate organic certificates for NOP, EC 889/2008 & 834/2007 and CGSB Production System. This document is provided to describe the certified products and is valid only with the corresponding organic certificate(s).*

\* Under the NOP, organic certification, once granted does not expire and remains good until the certification is surrendered, suspended or revoked.

\* Under EC 889/2008 & 834/2007 organic certification expires on an annual basis.

\* Under the Canadian General Standards Board Production System (CGSB), organic certification is valid until the results of the next annual evaluation are known and a new decision is rendered.

\* US-Canada Equivalence Agreement (US-Canada EA)

### Certified Products and Facility Locations

QCS Entity ID #: (b) (4)

(b) (6)

#### 100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	June 2, 2010	(b) (4)
		June 2, 2010	
		June 2, 2010	



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8363 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)

(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	June 2, 2010	(b) (4)
		June 2, 2010	
		May 13, 2010	
		July 13, 2009	
		July 13, 2009	
		July 13, 2009	
		July 13, 2009	

QCS Entity ID #: (b) (4)

(b) (4), (b) (6)

100% Organic

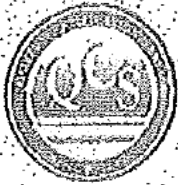
Product (seed cleaning)	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 13, 2009	(b) (4)
		July 13, 2009	
		July 13, 2009	

QCS Entity ID #: (b) (4)

(b) (4)

100% Organic

Product	Brand name	Product Added	Compliance
(b) (4)	(b) (4)	July 20, 2009	(b) (4)



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0193, (f) 352-377-6383 • [www.qcsinfo.org](http://www.qcsinfo.org)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	June 11, 2010	(b) (4)
		June 11, 2010	
		June 11, 2010	
		July 20, 2009	
		June 11, 2010	
		July 20, 2009	



## QCS Product Verification Form

P.O. Box 12311, Gainesville, FL 32604 •  
(p) 352-377-0133, (f) 352-377-8383 • [www.qcsinfo.com](http://www.qcsinfo.com)

QCS Entity ID #: (b) (4)  
(b) (4), (b) (6)

100% Organic

Product	Brand name	Product Added	Compliance
	(b) (4)	July 20, 2009	(b) (4)
		July 20, 2009	
		July 20, 2009	
		June 4, 2010	

Signed by:

(b) (6)

Certification Coordinator

Date: 8/4/2010

(b) (4)

For more details see the Biomax® Q product sheet on page 25.

(b) (4)

SECTION C		1 Organic Livestock Dry Matter (DM) Worksheet	
Production Group:		(b) (4)	
Class/Stage of production:			
Pasture:			
Dates Grazed (start date-end date):			
Number of days grazed in Class/Stage of production:			
Number of animals:			
Average weight:			
Dry Matter Demand (DMD)			
Source: NRC/NOP Table Value or Other:		(A)	
Other Feed Sources:			
Name of Feed			
lb, as fed			
x % DM of Feed Source			
(d)		= DMI	
Name of Feed			
lb, as fed			
x % DM of Feed Source			
(e)		= DMI	
Name of Feed			
lb, as fed			
x % DM of Feed Source			
(f)		= DMI	
Name of Feed			
lb, as fed			
x % DM of Feed Source			
(g)		= DMI	
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g		(B)	
% DMI from feed sources = (B/A)*100			
Pasture DMI, lb = A-B		(C)	
% DMI from pastures = (C/A)*100			
DM%: Grains = 89%		Avg. %DMI from Pasture (b) (4)	
Hay = 90%		Over the Grazing Season	
Silage = 25-35%			
Rango Cubes = 89%		Total Days (b) (4)	

SECTION D		1 SIGNATURE	
I hereby declare this report is true, correct and complete to the best of my knowledge.			
Preparer Printed name		(b) (6)	
Preparer Title		(b) (6)	
Preparer Sign		Date 7 / 11 / 2011	
		month day year	

SECTION C		1 Organic Livestock Dry Matter (DM) Worksheet	
Production Group:		(b) (4)	
Class/Stage of production:			
Pasture:			
Dates Grazed (start date-end date):			
Number of days grazed in Class/Stage of production:			
Number of animals:			
Average weight:			
Dry Matter Demand (DMD)			
Source: NRC/NOP Table Value or Other		[A]	
Other Feed Sources:			
Name of Feed			
lb, as fed			
x % DM of Feed Source			
= DMI			
[d]			
Name of Feed			
lb, as fed			
x % DM of Feed Source			
= DMI			
[e]			
Name of Feed			
lb, as fed			
x % DM of Feed Source			
= DMI			
[f]			
Name of Feed			
lb, as fed			
x % DM of Feed Source			
= DMI			
[g]			
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g		[B] (b) (4)	
% DMI from feed sources = (B/A)*100			
Pasture DMI, lb = A-B		[C]	
% DMI from pastures = (C/A)*100			
DM%: Grains = 89%		Avg. %DMI from Pasture (b) (4)	
Hay = 90%		Over the Grazing Season	
Silage = 25-35%			
Range Cubes = 89%			
		Total Days (b) (4)	

SECTION D		1 SIGNATURE	
I hereby declare this report is true, correct and complete to the best of my knowledge.			
Preparer Printed name		Phone	
Travis W. Price		(b) (6) Ext.	
Preparer Title		Date	
(b) (6)		7 / 11 / 2011	
Preparer Signature		month day year	
(b) (6)			

SECTION C		Organic Livestock Dry Matter (DM) Worksheet	
Production Group:		(b) (4)	
Class/Stage of production:		(b) (4)	
Pasture:		(b) (4)	
Dates Grazed (start date-end date):		(b) (4)	
Number of days grazed in Class/Stage of production:		(b) (4)	
Number of animals:		(b) (4)	
Average weight:		(b) (4)	
Dry Matter Demand (DMD)		(b) (4)	
Source: NRC/NOP Table Value or Other:	[A]	(b) (4)	
Other Feed Sources:		(b) (4)	
Name of Feed		(b) (4)	
lb, as fed		(b) (4)	
x % DM of Feed Source		(b) (4)	
[d]	= DMI	(b) (4)	
Name of Feed		(b) (4)	
lb, as fed		(b) (4)	
x % DM of Feed Source		(b) (4)	
[e]	= DMI	(b) (4)	
Name of Feed		(b) (4)	
lb, as fed		(b) (4)	
x % DM of Feed Source		(b) (4)	
[f]	= DMI	(b) (4)	
Name of Feed		(b) (4)	
lb, as fed		(b) (4)	
x % DM of Feed Source		(b) (4)	
[g]	= DMI	(b) (4)	
Total Dry Matter Intake (DMI) from feed sources, lb = d+e+f+g	[B]	(b) (4)	
% DMI from feed sources = (B/A)*100		(b) (4)	
Pasture DMI, lb = A-B	[C]	(b) (4)	
% DMI from pastures = (C/A)*100		(b) (4)	
DM%: Grains = 89%		(b) (4)	
Hay = 90%		(b) (4)	
Silage = 25-35%		(b) (4)	
Range Cubes = 89%		(b) (4)	
Avg. %DMI from Pasture Over the Grazing Season		(b) (4)	
		Total Days (b) (4)	

SECTION D		SIGNATURE	
I hereby declare this report is true, correct and complete to the best of my knowledge.			
Preparer Printed name	Travis D. Price	Phone	(b) (6)
Preparer Title	(b) (6)	Ext.	
Preparer Signature	(b) (6)	Date	7 / 11 / 2011
		month	day year



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
*Organic Inspection Findings*

**ROR-660**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>			
	Client Name REDLAND DAIRY LLC		TDA Client No. (b) (4)	
	Facility Name REDLAND DAIRY LLC		TDA Account No. (b) (4)	
<b>SECTION B</b>	<b>INSPECTION INFORMATION</b>			
	Inspection Type Routine		Inspection ID No. (b) (4)	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 3/6/2012 <small>Enter as MM/DD/YYYY</small>	Time 1:59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 369	County PARMER
<b>SECTION C</b>	<b>FINDINGS</b>			
	Certification Type: (b) (4) (b) (4)			

TDA License No. (b) (4) Inspector ID No. 07575 Inspection Date 3/6/2012**SUMMARY FOR PRODUCER**

Person present at time of inspection: Travis Price

☒ These findings and all comments were discussed with the inspection observer during the exit interview.**COMMENTS**

(b) (4)

SECTION D



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing Impaired: (800) 735-2988 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
**Processor (Food and Feed) Organic System**  
**Plan**

**ROR-606**

TODD STAPLES, COMMISSIONER

SECTION A	VERIFICATION INFORMATION			(b) (4) New Application	(b) (4) Annual Update	(b) (4) Change to OSP
	Full Legal Business Name: <i>REDLAND DAIRY, LLC</i>		D.B.A. (if applicable):			
	Facility Name: <i>REDLAND</i>		Client No. <i>(b) (4)</i>	Account No. <i>(b) (4)</i>		
	Contact Individual: <i>TENNIS W. PRICE</i>					

SECTION B	REQUIRED SUPPORTING DOCUMENTATION	
	<p>All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities</li><li><input type="checkbox"/> Description of handling and processing procedures and materials</li><li><input type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas</li><li><input type="checkbox"/> Description of the critical control points of potential contamination and commingling</li><li><input type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation</li><li><input type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution</li><li><input type="checkbox"/> Attach copies of all current food health and safety permits/licenses</li><li><input type="checkbox"/> Processing Categories (SECTION C)</li><li><input type="checkbox"/> Products Manufactured and Ingredients (SECTION D)</li><li><input type="checkbox"/> Processing and Handling (SECTION E)</li><li><input type="checkbox"/> Sanitation (SECTION F)</li><li><input type="checkbox"/> Pest Management (SECTION G)</li><li><input type="checkbox"/> Product Labeling (SECTION H)</li><li><input type="checkbox"/> Materials Used (SECTION I)</li><li><input type="checkbox"/> Record Keeping (SECTION J)</li><li><input type="checkbox"/> Attachments (i.e. ingredient listings)</li></ul>	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Business Name: \_\_\_\_\_

SECTION C

**PROCESSING CATEGORIES**

1) Select the types of certified organic products that are processed (check all that apply):

- |  |   |
|--|---|
| <div style="display: flex; align-items: center;"> <div style="background-color: black; color: red; padding: 2px; margin-right: 5px;">(b) (4)</div> <div>Bakery goods</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: red; padding: 2px; margin-right: 5px;">(4)</div> <div>Bulk grains, beans and seeds</div> </div> <div>Canned fruits and vegetables</div> <div>Canned soups, chili and broths</div> <div>Cereals</div> <div>Chips, crackers, cookies and granola products</div> <div>Coffee and teas</div> <div>Frozen foods</div> <div>Dairy Products</div> <div>Seed, forage, hay or feed supplement (livestock)</div> <div>Other (specify): _____</div> | <div style="display: flex; align-items: center;"> <div style="background-color: black; color: red; padding: 2px; margin-right: 5px;">(b) (4)</div> <div>Fruits and nuts</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: red; padding: 2px; margin-right: 5px;">(4)</div> <div>Grains, flours and mixes (packaged)</div> </div> <div>Herbs, spices, salt and flavorings</div> <div>Juices and beverages</div> <div>Meat and meat products</div> <div>Nut butters, jams, jellies, honey, syrup, etc.</div> <div>Snacks and candy</div> <div>Sweeteners and sugar</div> <div>Vegetables</div> |
|--|---|

SECTION D

**PRODUCTS MANUFACTURED AND INGREDIENTS****PRODUCTS MANUFACTURED**

2) List all products manufactured:

Product Name	% Organic	Organic Label to be Used on Product		
(b) (4)		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		100% Organic	Organic	Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic	<input type="checkbox"/> Made with Organic

SECTION D (CONTINUED)

[illegible]

Organics  
Regulatory Division

AMS03081

**Business Name:**

## 2 INGREDIENTS

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name:

(b) (4)

**SECTION D (CONTINUED)**

**\*Make additional copies of this page for each submitted product.**

Business Name:

**PROCESSING AND HANDLING**

4) Select the types of processing equipment used:

(b) (4) Stone Milling

(b) (4) Hammer Mill

(b) (4) Roller Mill

(4) Sizing/Cleaning

(b) (4) Pelletizer

(b) (4) Stone

Other (specify):

(b) (4)

5) Do you have a quality control program implemented to evaluate potential commingling and contamination, and to monitor the effectiveness of your organic system plan?

(b) (4) Yes

(b) (4) No<sup>1</sup>

6) Do you have facilities and procedures in place to prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?

(b) (4) Yes

(b) (4) No<sup>1</sup>

7) Are all processing and handling systems cleaned prior to each run of certified organic product?

(b) (4) Yes

(b) (4) No<sup>1</sup>

8) Are methods used during processing to prevent contamination and commingling from non-certified organic product?

(b) (4) Yes

(b) (4) No<sup>1</sup>

9) Is a segregated area designated for storage of certified organic product to be processed?

(b) (4) Yes

(b) (4) No<sup>1</sup><sup>1</sup>If No, explain:

(b) (4)

SECTION E

10) Is handling equipment designated exclusively for certified organic product?

(b) (4) Yes

(b) (4) No<sup>2</sup><sup>2</sup>If No, describe your cleaning process and list any materials used in section II:

(b) (4)

11) Are processed products:

Shipped immediately to other warehouse facilities?

(b) (4) Yes

(b) (4) No

Temporarily stored or warehoused on-site?

(b) (4) Yes<sup>1</sup>

(b) (4) No

Stored on-site until shipped to buyer?

(b) (4) Yes<sup>1</sup>

(b) (4) No

<sup>1</sup>If Yes, is a segregated area designated for storage of processed organic products?☐ Yes☒ No<sup>1</sup><sup>1</sup>If No, explain:

(b) (4)

12) Is shipping and transportation of processed organic products managed to prevent commingling and contamination from nonorganic products?

(b) (4) Yes

(b) (4) No<sup>3</sup><sup>3</sup>If No, explain:

(b) (4)

Business Name:

**PROCESSING AND HANDLING (CONTINUED)**

13) Packaging materials used for processed organic products (check all that apply):

(b) Exclusively for certified organic products

(b) New

(4) Previously used

(4) Contain no prohibited materials

Have been cleaned or lined with new liners

Other (specify):

(b) (4)

14) Do you process any organic by-products?

(b) Yes<sup>6</sup>

(b) No

<sup>6</sup>If Yes, list the types of by-products you process:

(b) (4)

<sup>7</sup>If Yes, do methods used for conveying, handling and storing of certified by-products prevent commingling and contamination from non-organic by-products?

(b) Yes

(b) No<sup>7</sup><sup>7</sup>If No, explain:

(b) (4)

15) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?

(b) Receiving areas or docks, scales, etc.

(4) Bulk bin(s) or storage unit(s)

Cold storage unit(s) used exclusively for certified organic products

Designated area(s) for certified organic products with cold storage unit(s)

Dry shelf storage unit(s) used exclusively for certified organic products

Designated area(s) for certified organic products within dry shelf storage unit(s)

Washing, cleaning, grading, clipping area(s)

Other (specify):

(b) (4)

Not applicable

16) Handling areas and equipment for packing and grading of certified organic products (check all that apply):

(b) (4) Areas with equipment designated exclusively for handling of certified organic products

Areas with portable equipment designated exclusively for handling of certified organic products

Scheduled times for segregated handling of certified organic products

Other (specify):

(b) (4)

Not applicable

17) Do you use any processing aids that are not included as ingredients?

(b) Yes<sup>8</sup>

(b) No

<sup>8</sup>If Yes, list all processing aids under section 1.

18) Are any processed products stored on-site that were not processed at your facility?

(b) (4) Yes<sup>9</sup>

(b) (4) No

19) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility?

Yes<sup>9</sup>

No

<sup>9</sup>If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable fees.

SECTION E (CONTINUED)

Organics

Regulatory Division

Revised 3/29/2011

AMS03084

Business Name: \_\_\_\_\_

SECTION F	<b>SANITATION</b>		
	20) Are materials used for sanitation?	(b) (4) Yes <sup>1</sup>	(b) (4) No
	<sup>1</sup> If Yes, list materials used under section I.		
	21) Select methods and/or materials used for sanitation and/or cleaning (check all that apply):		
	(b) (4) Citric acid (b) (4) Hydrogen peroxide (b) (4) Sweeping/brushing (b) (4) Other (specify): _____	(b) (4) Phosphoric acid (b) (4) Sodium hydroxide (b) (4) Compressed air (b) (4) _____	(b) (4) Allowed bleaches (b) (4) Water (b) (4) Not Applicable
SECTION G	<b>PEST MANAGEMENT</b>		
	23) Are materials used for pest management?	(b) (4) Yes <sup>1</sup>	(b) (4) No
	<sup>1</sup> If Yes, list materials used under section I.		
	24) Select methods and/or materials used for pest management (check all that apply):		
	(b) (4) Sanitation (b) (4) Sticky traps/baits (b) (4) Botanical insecticides (b) (4) Diatomaceous earth (DE)	(b) (4) Physical barriers (b) (4) Boric Acid (b) (4) Soaps and/or oils (b) (4) Other (specify): _____	(b) (4) Insect/rodent traps (b) (4) Pheromone traps (b) (4) Microbial or viral insecticides (b) (4) _____
25) Are prohibited materials used in pest management?	(b) (4) Yes <sup>2</sup>	(b) (4) No	
<sup>2</sup> If Yes, are certified organic products protected from contamination from prohibited materials used in pest management?			
<sup>2</sup> If Yes, do the methods of handling and application of prohibited materials used in pest management prevent contamination of certified organic products?			
26) Are pest control materials applied by a:			
(b) (4) designated employee or department;			
(b) (4) registered commercial pest control service company. <sup>3</sup>			
<sup>3</sup> Attach the most recent invoices and/or contracts from commercial pest control service company.			

Business Name: \_\_\_\_\_

**PRODUCT LABELING**27) Do you label products? (b) (4) Yes<sup>1</sup> (b) (4) No<sup>1</sup>If Yes, attach copies of all labels used for certified organic products.

28) Which labeling categories do you use (check all that apply)? (b) (4) N/A

(All calculations exclude added water and salt)

(b) (4) 100% ORGANIC - All ingredients and processing aids are certified organic.

ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.

MADE WITH ORGANIC (Specified Ingredients)\* - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.

IDENTIFICATION OF ORGANIC INGREDIENTS IN INGREDIENT STATEMENT ONLY\*

\*Not allowed on livestock feed products.

29) The following labeling requirements have been met: (b) (4) N/A

(b) (4) "Certified organic by &lt;Name of Certifier&gt;" appears above, below or next to the name and address of the processor or distributor of the product (not allowed on products with organic ingredient statement only).

Organic ingredients are identified as organic in the ingredient statement.

Other labeling options, including TDA logo and USDA seal (if used), comply with applicable restrictions.

30) Does the facility have certified organic products custom labeled for them by another certified organic operation? (b) (4) Yes<sup>2,3</sup> (b) (4) No<sup>2</sup>If Yes, you must submit documentation verifying the approval of all labels by the certifying agent(s) listed on the label other than the Texas Department of Agriculture.<sup>3</sup>If Yes, provide the following information about the certified organic operation:

Business Name: (b) (4)

Certified by: (b) (4) TDA (b) (4) Other (specify): (b) (4)

Certification Number: (b) (4)

Business Name: \_\_\_\_\_

**MATERIALS USED**

31) Complete the table below of all materials used and attach all ingredient labels for each product:

Brand Name: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Reason for use: \_\_\_\_\_

(b) (4)

SECTION I

\*Make additional copies of this page as needed.

Business Name:

**RECORD KEEPING**

32) Select all records that are currently maintained (check all that apply):

(b) (4)

Names and addresses of suppliers, including producers, processors, and distributors\*

Purchasing records of certified products\*

Current inventory of certified organic products\*

Current inventory of ingredients for processing\*

Records regarding each stage of handling and processing for all certified organic products\*

Outline quality control inspections, reports and evaluations\*

Certification of certifications and records of certifying agents for all certified organic products\*

Sales and shipping records of certified organic products\*

Records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements\*

Records indicating compliance with city, state or federal health code requirements (if applicable)\*  
Other (specify):

*\*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.*

33) How long do you plan to maintain the above selected records? *Minimum 5 years*

Business Name:

**AFFIRMATION**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any organic product. I understand that the operation may be subjected 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 form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

(1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;

(2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and

(3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

Signature of Responsible Party:

(b) (6)

Date:

8-24-11

Print Name:

TRAVIS W. PRICE

☒ I have made copies of this form and other supporting documents for my own records.

I have attached the following documents:

☐ Notice(s) of non-compliance or denial of certification from other certifying agencies

☐ Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions

☒ All required attachments (ingredient labels, organic labels, etc.)

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture

Organic Certification Program

P.O. Box 12847

Austin, TX 78711

# ***REDLAND DAIRY***

## **FEED MATERIALS USED LOG SHEET**

(b) (4)



Certificate # (b) (4)

**GLOBAL ORGANIC ALLIANCE, INC**

PO BOX 530  
BELLEFONTAINE, OH 43311  
PHONE 937-693-1232  
FAX 937-693-9507

Email: globalorganicalliance@hughes.net Website: www.goa-online.org

**NOP/GOA CERTIFICATION CERTIFICATE**

GOA hereby verifies that the named operation, products and services specified on this certificate is compliant with the Organic Foods Production Act of 1990 (OFPA) as amended (7 U.S.C. 6501 et seq.) and the USDA National Organic Program (NOP) (7 CFR, Part 205) and the GOA Standards. The product certification system operated by GOA is described by ISO/IEC Guide 67, Conformity Assessment Fundamentals of product certification, System 6. This certification is based upon the assessment of the Organic System Plan, results of the on-site inspection, audit trail documentation, and tests or other information deemed necessary by GOA as well as on-going surveillance of the products or services.

(b) (4)

See Certification Profile For Products

(b) (4), (b) (6)

This certification remains in effect until surrendered by the certificate holder or until suspended or revoked by GOA, a State organic program's State official, or the Administrator of the NOP. Continuation of organic certification is contingent upon continued compliance with NOP requirements and standard and the Licensing Agreement and subject to an annual on-site inspection and annual evaluation by GOA. This certificate is updated annually upon verification of continued compliance.

Producer number

(b) (4)

Certification Effective Date: 22-Sep-10

Inspector number

(b) (6)

Certificate Issue Date: 22-Sep-10

Must have  
embossed seal to  
assure validity.

Betty J. Kahanen, President

Questions regarding this  
certification may be directed to  
the above office

OC-012 (14 Jul 2010 ckw)

Certificate Number:

(b) (4)

## CERTIFICATE OF COMPLIANCE

*OneCert**Certified Organic*

(b) (4), (b) (6)



OneCert has inspected and verified that the above named operation is in compliance with the  
**USDA National Organic Program**  
(Organic Food Product Act of 1990 and 7 CFR Part 205)

Type of operation:

(b) (4)

Certified products:

(b) (4)

This certificate is valid until certification is surrendered, suspended, or revoked. An updated organic management plan and on-site inspection are required annually.

Effective Date: 18 July 2003

Updated: 15 November 2010

Last Annual Inspection Date: 9 July 2010

(b) (6)

11-16-10

This document belongs to *OneCert* and must be returned upon request. Only the original is a valid document. Photocopies or faxed copies are not valid instruments.

**OneCert<sup>®</sup>, Inc.**427 N. 33<sup>rd</sup> Street - Lincoln, NE 68503 USA

Phone: (402) 420-8080 Fax: (880) 475-8044

Email: [info@onecert.com](mailto:info@onecert.com) Web site: [www.onecert.com](http://www.onecert.com)



**Texas Department of Agriculture**  
**Organic Inspection Findings**

**ROR-660**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>			
	Client Name APRIL A GOBER		TDA Client No. (b) (4)	
	Facility Name APRIL A GOBER		TDA Account No. (b) (4)	
<b>SECTION B</b>	<b>INSPECTION INFORMATION</b>			
	Inspection Type Routine		Inspection ID No. (b) (4)	
	Inspector ID 07675	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 7/27/2011 <small>Enter as MM/DD/YYYY</small>	Time 10:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 369	County PARMER
<b>SECTION C</b>	<b>FINDINGS</b>			
	Certification Type: (b) (4) (b) (4)			



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5831 (512) 463-7476  
Hearing Impaired: (800) 735-2988 www.TexasAgriculture.gov

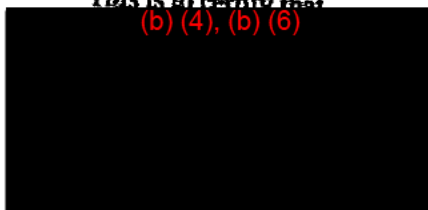


## Texas Department of Agriculture Organic Certificate

Todd Staples, Commissioner

This is to certify that

(b) (4), (b) (6)



is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: (b) (4)

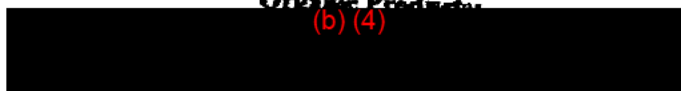
Certificate Number: (b) (4)

TDA Client Number: (b) (4)

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Product:

(b) (4)



Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date: 06/02/2011  
NOP effective date: 09/16/2008  
Next update due: 03/01/2012

**Travis Price REDLAND**  
**Rations - Setup**

05/18/

(b) (4)



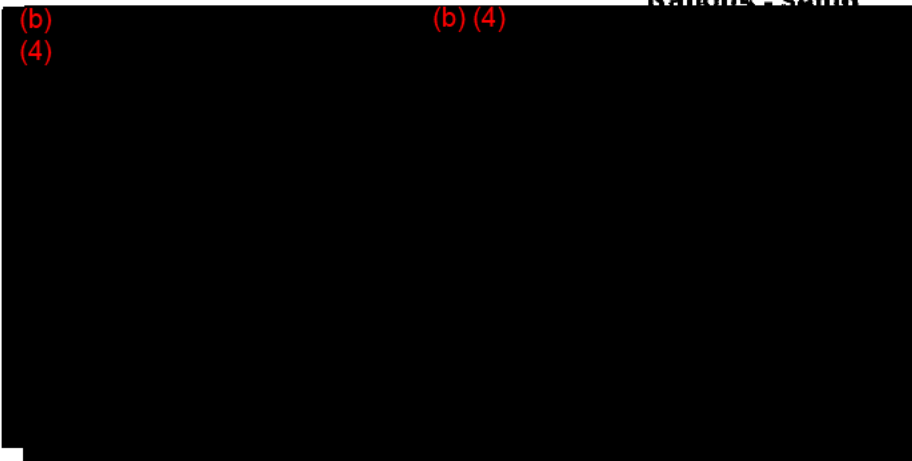
**Travis Price REDLAND**  
**Rations - Setup**

05/18/10

		Ingredient		As Fed	DM Fed	Ingredient
Ration	Ingredient	DM %	Mix Order	lbs/Hd	lbs/Hd	Stock Name
(b) (4)						

Travis Price REDLAND  
Rations - Setup

05/18/



**Travis Price REDLAND**  
**Rations - Setup**

05/18/16

(b) (4)



**Travis Price REDLAND**  
**Rations - Setup**

05/18/11

(b) (4)



Travis Price REDLAND

(b) (4)



05/18/

**Travis Price REDLAND**  
**Rations - Setup**

05/18/11

(b) (4)



REDLAND DAIRY, LLC  
750 CR X  
FARWELL, TX 79325

TEXAS DEPARTMENT OF AGRICULTURE  
PO BOX 12847  
AUSTIN, TX 78711

THANK YOU FOR REVIEWING MY (b) (4) I HAVE UPDATED ITEMS THAT  
WERE IN QUESTION. I FEEL THE NEED TO EXPLAIN MYSELF ON A FEW OF THEM.

ROR 606

SECTION E- I WAS TOLD I HAD LEFT QUESTION 18 AND 19 BLANK BUT MY COPY  
SHOWED I HAD CHECKED (b) (4) (b) (4)

(b) (4)

ADDITIONAL DOCUMENTATION

(b) (4)

THANK YOU

(b) (6)

TRAVIS W. PRICE

Business Name:

**PROCESSING AND HANDLING (CONTINUED)**

13) Packaging materials used for processed organic products (check all that apply):

(b) Exclusively for certified organic products

(b) New

(4) Previously used

(4) Contain no prohibited materials

Have been cleaned or lined with new liners

Other (specify):

14) Do you process any organic by-products?

(b) Yes<sup>6</sup>

(b) No

<sup>6</sup>If Yes, list the types of by-products you process:

(b) (4)

<sup>6</sup>If Yes, do methods used for conveying, handling and storing of certified by-products prevent commingling and contamination from non-organic by-products?

(b) Yes

(b) No<sup>7</sup><sup>7</sup>If No, explain:

(b) (4)

15) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?

(b) Receiving areas or docks, scales, etc.

(4) Bulk bin(s) or storage unit(s)

Cold storage unit(s) used exclusively for certified organic products

Designated area(s) for certified organic products with cold storage unit(s)

Dry shelf storage unit(s) used exclusively for certified organic products

Designated area(s) for certified organic products within dry shelf storage unit(s)

Washing, cleaning, grading, clipping area(s)

Other (specify):

Not applicable

16) Handling areas and equipment for packing and grading of certified organic products (check all that apply):

(b) Areas with equipment designated exclusively for handling of certified organic products

(4) Areas with portable equipment designated exclusively for handling of certified organic products

Scheduled times for segregated handling of certified organic products

Other (specify):

Not applicable

17) Do you use any processing aids that are not included as ingredients?

(b) Yes<sup>8</sup>

(b) No

<sup>8</sup>If Yes, list all processing aids under section I.

18) Are any processed products stored on-site that were not processed at your facility?

(b) Yes<sup>9</sup>

(b) No

19) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility?

(b) (4) Yes<sup>9</sup>

(b) (4) No

<sup>9</sup>If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable fees.

SECTION E (CONTINUED)

Organics

Regulatory Division

Revised 3/29/2011

# ***REDLAND DAIRY***

## **FEED MATERIALS USED LOG SHEET**

(b) (4)



REDLAND DAIRY

FEED MANAGEMENT CONTINUED

(b) (4)





Business Name: \_\_\_\_\_

**2. INGREDIENTS****3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):**

Product Name: \_\_\_\_\_

(b) (4)

**Organic Ingredients**

(b) (4)

**Non-Organic Ingredients**

(b) (4)

SECTION D (CONTINUED)

**\*Make additional copies of this page for each submitted product.**Organics  
Regulatory Division

Revised 3/29/2011

AMS03107

Business Name: \_\_\_\_\_

**INGREDIENTS**

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name: (b) (4)

**Organic Ingredients**

(b) (4)

**Non-Organic Ingredients**

(b) (4)

SECTION D (CONTINUED)

\*Make additional copies of this page for each submitted product.Organics  
Regulatory Division

Revised 3/29/2011

AMS03108

Business Name:

**2 INGREDIENTS****3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):**

Product Name: (b) (4)

Organic Ingredients

(b) (4)

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

**\*Make additional copies of this page for each submitted product.**Organics  
Regulatory Division

Revised 3/29/2011

AMS03109

Business Name: \_\_\_\_\_

**INGREDIENTS**

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name: (b) (4)

**Organic Ingredients**

(b) (4)

**Non-Organic Ingredients**

(b) (4)

SECTION D (CONTINUED)

\*Make additional copies of this page for each submitted product.

Business Name: \_\_\_\_\_

**2 INGREDIENTS****3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):**

Product Name: (b) (4)

**Organic Ingredients**

(b) (4)

**Non-Organic Ingredients**

(b) (4)

SECTION D (CONTINUED)

**\*Make additional copies of this page for each submitted product.**

Business Name:

**INGREDIENTS**

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name:

(b) (4)

Organic Ingredients

(b) (4)

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

\*Make additional copies of this page for each submitted product.

Business Name: \_\_\_\_\_

**2. INGREDIENTS****3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):**

Product Name: (b) (4)

Organic Ingredients

(b) (4)

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

\*Make additional copies of this page for each submitted product.

Business Name:

**INGREDIENTS**

3) List all ingredients used in each organic product (attach all certificates for all organic ingredients):

Product Name:

(b) (4)

Organic Ingredients

(b) (4)

Non-Organic Ingredients

(b) (4)

SECTION D (CONTINUED)

\*Make additional copies of this page for each submitted product.

# Certified Organic *FARM CROP PRODUCER*

(b) (4), (b) (6)

CERTIFICATION IDENTIFICATION NUMBER: (b) (4)

EFFECTIVE DATE: 1/11/12

ISSUE DATE: 1/11/2012

THIS CERTIFICATE IS ISSUED WITH AN ACCOMPANYING ORGANIC PRODUCT LIST  
AND IS NOT TO BE CONSIDERED COMPLETE WITHOUT IT.

This certificate has been issued by the New Mexico Department of Agriculture,  
Organic Program and verifies that the above named business is Certified Organic  
under the U.S. National Organic Program, 7 CFR Part 205.  
Once certified a production or handling operation's organic certification continues in  
effect until surrendered, suspended or revoked.



New Mexico Department of Agriculture  
Organic Program  
4501 Indian School Rd NE, Suite 100 Room G104  
Albuquerque, New Mexico 87110  
(505) 889-9922 or (575) 646-0336  
<http://nmdaweb.nmsu.edu/>

(b) (6)

1/11/12

(b) (6)

Certifier/Chief Inspector

DOC CA04b: Version E, Effective: 1-16-11



**New Mexico Department of Agriculture  
Organic Program**

4501 Indian School Rd NE Suite 100, Room G104 Albuquerque, NM 87110  
(505) 889-9922 or (575) 646-0336  
<http://nmdaweb.nmsu.edu/>

**CERTIFIED ORGANIC PRODUCT LIST**

**THIS IS NOT AN ORGANIC CERTIFICATE  
IT IS COMPLETE ONLY WITH AN ACCOMPANYING ORGANIC CERTIFICATE**

Operation:

Operator:

Location:

Acres:

Certification Identification Number:

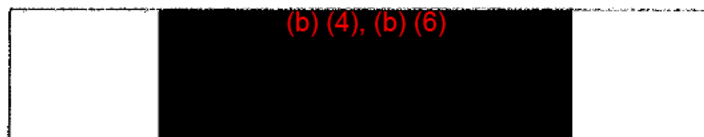
Issue Date 1/11/2012 Anniversary Date 1/1/2013

Field	Location	Acres	Crops	Crop year
(b) (4)				

(b) (6)  
(b) (6) Chief Inspector

# Certificate of Conformity

## USDA National Organic Program

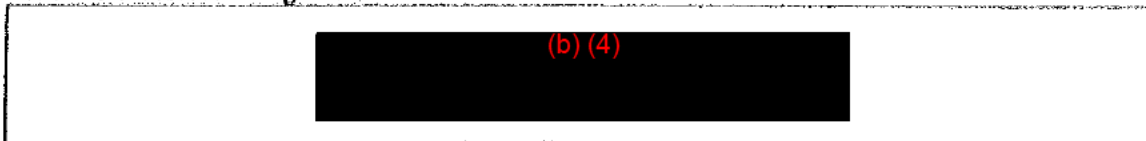


Reg. # (b) (4)

Pro-Cert Organic Systems Ltd. hereby certifies that the above operation is compliant with the United States Federal Organic Food Production Act of 1990 (OFPA) and the United States Department of Agriculture (USDA) National Organic Program (NOP). This certification is based on the evaluation of: (i) an application containing the organic production plan, (ii) the results of an inspection of the operation, (iii) cropping history, (iv) production records and (v) such tests or other information deemed essential by the certifying agent. The NOP status of the various products is specified on the attached Organic Production Summary which is part of this certificate.

Categories of Organic Production: (b) (4)

Products Certified Organic:



See the attached Organic Production Summary

Effective Date of Certification: August 5, 2011

Date of Last Inspection: August 5, 2011

This certification remains in effect until surrendered by the holder or until revoked by Pro-Cert, a state organic program official or the NOP Administrator. However, continuation of the certification requires an annual update of the organic production/handling plan, an annual inspection (within the first 6 months following the anniversary date) and annual evaluation by Pro-Cert.

Certification System: #6 according to ISO/IEC Guide 67

(b) (6)  
J. Wallace Haman, M.Sc., P.Ag. (b) (6)  
General Manager



Date of Issue: August 16, 2011



Via the Head Office:

Box 100A, RR#3 - 475 Valley Road  
Saskatoon, SK Canada S7K 3J6  
Ph: (306) 382-1299 Fax: (306) 382-0683  
[www.pro-cert.org](http://www.pro-cert.org)

Doc #: PC 5.7.1 NOP PROD  
Version 1; Effective 03/05/09

Certificate # (b) (4)

**GLOBAL ORGANIC ALLIANCE, INC**

PO BOX 530  
BELLEFONTAINE, OH 43311  
PHONE 937-593-1232  
FAX 937-593-9507

Email: [globalorganicalliance@hughes.net](mailto:globalorganicalliance@hughes.net) Website: [www.goa-online.org](http://www.goa-online.org)

**NOP/GOA CERTIFICATION CERTIFICATE**

GOA hereby verifies that the named operation, products and services specified on this certificate is compliant with the Organic Foods Production Act of 1990 (OFPA) as amended (7 U.S.C. 6501 et seq.) and the USDA National Organic Program (NOP) (7 CFR, Part 205) and the GOA Standards. The product certification system operated by GOA is described by ISO/IEC Guide 67, Conformity Assessment- Fundamentals of product certification, System 6. This certification is based upon the assessment of the Organic System Plan, results of the on-site inspection, audit trail documentation, and tests or other information deemed necessary by GOA as well as on-going surveillance of the products or services.

(b) (4)

- See Certification Profile For Products

(b) (4), (b) (6)

This certification remains in effect until surrendered by the certificate holder or until suspended or revoked by GOA, a State organic program's State official, or the Administrator of the NOP. Continuation of organic certification is contingent upon continued compliance with NOP requirements and standard and the Licensing Agreement and subject to an annual on-site inspection and annual evaluation by GOA. This certificate is updated annually upon verification of continued compliance.

Producer number: (b) (4)

Inspector number: 40481JM-10

Certification Effective Date: 22-Sep-10

Certificate Issue Date: 22-Sep-10

Must have  
embossed seal to  
assure validity.

(b) (6)

Betty J. Kananen, President

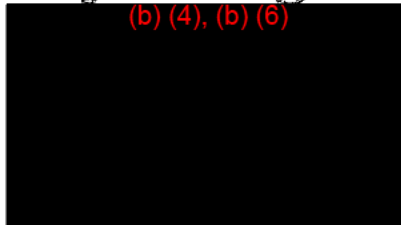
Questions regarding this  
certification may be directed to  
the above office.

OC-012 (14 Jul 2010 (Rev))

Certificate Number:

(b) (4)

## CERTIFICATE OF COMPLIANCE

*OneCert**Certified Organic*

(b) (4), (b) (6)



OneCert has inspected and verified that the above named operation is in compliance with the  
*USDA National Organic Program*  
(Organic Food Product Act of 1990 and 7 CFR Part 205)

Type of operation:

(b) (4)

Certified products:

(b) (4)



This certificate is valid until certification is surrendered, suspended, or revoked. An updated organic management plan and on-site inspection are required annually.

Effective Date: 18 July 2003

Updated: 15 November 2010

Last Annual Inspection Date: 9 July 2010

(b) (6)

11-16-10

This document belongs to *OneCert* and must be returned upon request. Only this original is a valid document. Photocopies or faxed copies are not valid instruments.

*OneCert<sup>®</sup>, Inc.*427 N. 33<sup>rd</sup> Street - Lincoln, NE 68503 USA

Phone: (402) 420-8080 Fax: (866) 476-6044

Email: [info@onecert.com](mailto:info@onecert.com) Web site: [www.onecert.com](http://www.onecert.com)



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
**Organic Inspection Findings**

**ROR-660**

Todd Staples, Commissioner

<b>SECTION A</b>	<b>VERIFICATION INFORMATION</b>	
	Client Name APRIL A GOBER	TDA Client No. (b) (4)
	Facility Name APRIL A GOBER	TDA Account No. (b) (4)

<b>SECTION B</b>	<b>INSPECTION INFORMATION</b>			
	Inspection Type Routine		Inspection ID No. (b) (4)	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 7/27/2011 <small>Enter as MM/DD/YYYY</small>	Time 10:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 369	County PARMER

<b>SECTION C</b>	<b>FINDINGS</b>
	Certification Type: (b) (4) (b) (4)



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476  
Hearing Impaired: (800) 735-2408 www.TexasAgriculture.gov

# Texas Department of Agriculture Organic Certificate



TODD STAPLES, COMMISSIONER

This is to certify that

(b) (4), (b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class:

(b) (4)

Certificate Number:

(b) (4)

TDA Client Number:

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Producer:

(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date:	07/07/2011
NOP effective date:	01/01/2003
Next update due:	03/01/2012

**State of New Mexico**  
**Certified Organic Farm Crop Producer**

(b) (4), (b) (6)

CERTIFICATION IDENTIFICATION NUMBER: NMOCC # (b) (4)

EFFECTIVE DATE: 9/1/05

THIS CERTIFICATE IS ISSUED WITH AN ACCOMPANYING PRODUCT LIST AND IS  
NOT TO BE CONSIDERED COMPLETE WITHOUT IT.

This certificate has been issued by the New Mexico Organic  
Commodity Commission and verifies that the above named business  
has complied with all of the terms and conditions of the New Mexico  
Organic Certification Program and the National Organic Program,  
7 CFR 205. This certificate is non-transferable and is intended for the  
sole use of the above named operation.

CERTIFIED ORGANIC BY:

**New Mexico Organic Commodity Commission**  
4001 Indian School Rd NE Suite 310, Albuquerque, New Mexico 87110  
(505) 841-9070, fax: (505) 841-9080  
<http://nmocc.state.nm.us/>

(b) (6)

(b) (6)

Chief Inspector

DOC C404b; Version F; Eff. date: 10/20/06

# Quality Certification Services (QCS)

Hereby certifies that

(b) (4), (b) (6)

Meets the strict standards to be

## CERTIFIED ORGANIC

Quality Certification Services, a USDA National Organic Program and ISO-65 compliant organic certification program, has determined, based on a review of the above named entity's application and records, and inspection of its fields, facilities and processes, that the above named entity meets or exceeds the appropriate and applicable standards of organic production, handling, and processing. In displaying this certificate, the Certified Entity warrants that it is in, and will remain in, full compliance with the organic standards set by the USDA National Organic Program.

This certification does not expire and is good until surrendered, suspended, or revoked.

QCS Entity ID

(b) (4)

Effective Date:

7/13/2009



P.O. Box 12311  
Gainesville, FL 32604  
Phone: 352-377-0133

Facility Location(s)

Certified Product(s)

(b) (4)

Scope

(b) (4)

(b) (6)

(b) (6)

Certification Coordinator

CS-E-01,V1,R1,9-17-04

REDLAND DAIRY, LLC.

FEED STORAGE PRACTICES

(b) (4)



(b) (4)

W ↑

(b) (4)

(b) (4)



12/3/2010

AMS03126

(b) (4)

8/20/2010

(b) (4)

(b) (6)

(b) (4)

(b) (4)

8/10/2010  
8:11:34 AM

(b) (4)

(b) (4)



(b) (4)



(b) (4)



REDLAND DAIRY, LLC.

DESCRIPTION OF FLOW CHART OF FEED

(b) (4)



REDLAND DAIRY, LLC.

FEED STORAGE PRACTICES

(b) (4)



**REDLAND DAIRY**

DATE: \_\_\_\_\_

(b) (4)



**Travis Price REDLAND**  
**Rations - Setup**

05/18/11

(b) (4)



**Travis Price REDLAND**

**Rations - Setup**

(b) (4)



05/18/16

(b) (4)

P U



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7478  
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov

# Texas Department of Agriculture Organic Certificate



Todd Staples, Commissioner

This is to certify

(b) (4), (b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: (b) (4)

Certificate number: (b) (4)

TDA Client Number: (b) (4)

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

(b) (4)

Organic Product

(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date: 06/02/2011  
NOP effective date: 09/16/2008  
Next update due: 03/01/2012



P.O. Box 17847 Austin, Texas 78711 Voice (800) 835-5837 (512) 463-7476  
 Faxing Inquiries: (800) 735-2988 www.TexasAgriculture.gov



## Texas Department of Agriculture Organic Certificate

TODD STAPLES, COMMISSIONER

This is to certify that

(b) (4), (b) (6)

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class:

(b) (4)

Certificate Number:

(b) (4)

TDA Client Number:

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:

(b) (4)

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date:	07/07/2011
NOP effective date:	01/01/2003
Next update due:	03/01/2012

# Quality Certification Services (QCS)

Hereby certifies that

(b) (4)



Meets the strict standards to be

## CERTIFIED ORGANIC

Quality Certification Services, a USDA National Organic Program and ISO-65 compliant organic certification program, has determined, based on a review of the above named entity's application and records, and inspection of its fields, facilities and processes, that the above named entity meets or exceeds the appropriate and applicable standards of organic production, handling, and processing. In displaying this certificate, the Certified Entity warrants that it is in, and will remain in, full compliance with the organic standards set by the USDA National Organic Program.

This certification does not expire and is good until surrendered, suspended, or revoked.

QCS Entity ID

(b) (4)

Effective Date:

7/13/2009



P.O. Box 12311  
Gainesville, FL 32604  
Phone: 352-377-0133

Facility Location(s)

Certified Product(s)

(b) (4)

Scope

(b) (4)

(b) (4)

(b) (4)

Certification Coordinator

CS-E-01,V1,R1,9-17-04



PO Box 821 • Viroqua, WI 54665 — (608) 637-2526 Fax: (608) 637-7032, email: [mosa@mosaorganic.org](mailto:mosa@mosaorganic.org) [www.mosaorganic.org](http://www.mosaorganic.org)

## **Certified Organic Products & Services**

(b)(4)



Effective Date: 7/30/2010

Page 1



PO Box 821 - Viroqua, WI 54665 -- (608) 637-2526 Fax: (608) 637-7032, email: [mosa@mosaorganic.org](mailto:mosa@mosaorganic.org) [www.mosaorganic.org](http://www.mosaorganic.org)

## Certified Organic Products & Services

(b) (4)



### Made With Organic Ingredients

Products

Label Names

(b) (4)

### Additional Verification (as specified)

(b) (4)

(b) (4)

(b) (4)

12/5/2011

Date

Processing Certification Manager/ Compliance Manager



(b)(7)(D)

(b) (4)