

Environmental Farm Scan

Under the authority of the Environmental Farm Planning Program, personal information is collected in order to assess Agricultural Policy Framework applications submitted for funding. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. It may be shared within the Department and Agriculture and Agri-Food Canada, for program delivery purposes. Any questions or comments can be directed to the Manager of Environment and Land Use Services at (709)729-6588.

Please complete the sections of this scan that are relevant to your farm and fax it to: (709)729-0205, Attention: EFP Technician.

Farm Name: _____

Contact Person: _____ Tele: (w): _____

Mailing Address: _____ (h): _____

_____ Postal Code: _____

Fax: _____ Email: _____

Do you presently have an Environmental Farm Plan in place? Please circle: Y N

If so, when was it conducted? _____ Type of farm: _____

1. Land Base:

a) Total Acreage: _____ b) Acreage in Production: _____

c) No. Fields: _____

d) List water bodies, if any, on your farm: ex. pond, wetland, river, brook etc. _____

e) List water bodies, if any, near your farm (within 1 km), please indicate which are used for human consumption: _____

f) Water supplies: (Check all that apply)

Human Consumption: Town Water Shallow well Artisan well Surface water Other: _____

Animal Consumption: Town Water Shallow well Artisan well Surface water

Other: _____

Washing Vegetables: Town Water Shallow well Artisan well Surface water

Other: _____

Other Water Uses: _____

2. Animal Units:

a) Type of animal, if applicable, please indicate the number of animals after type: (If milking, please indicate how many you milk as well ex: 100 dairy, milk 84/100)

Eg: Silver Fox (500) _____

3. Manure storage: please check those that apply:

a) Do you use manure on your farm? Y N

b) Do you truck manure off your farm? Y N If yes, to who:

Other producer Public (lawn & garden) Other _____

c) Do you accept manure from another farm? Y N If yes, what type of manure:

Poultry Dairy Beef/Sheep Fox/Mink Other _____

d) If you use manure, either trucked or your own, what type of storage do you have:

Open Pit Earthen cement

Closed Pit Earthen cement

Sealed Tank

Stockpiled on field

Other _____

e) What capacity can your manure storage hold?

Greater than 8 months Between 6-7 months Less than 6 months

e) Proximity of manure storage to sensitive areas (please indicate units eg. m, km, ft, yd):

Protected water supply: _____

Streams/ponds: _____

Wells (own or neighbouring): _____

Open ditches leading to water courses: _____

4. Fertilizer

a) Do you use fertilizer? Y N

b) If so, what type(s) do you use (granular, compost or liquid) and in what volume(estimate)? _____

c) Where do you store your fertilizer?

Outside on soil under plastic Outside on pallets under plastic Inside

Immediate use (within 5 days) Other: _____

d) Is your fertilizer storage able to be locked when not in use? Y N

5. Pesticides

a) Do you use Pesticides? Y N

b) What type of pesticides do you use?

Herbicides Fungicides Insecticides Rodenticides Other: _____

c) Describe the area where you store your pesticides? _____

d) Do you, or someone on your farm have a Pesticide Applicators License? Y N

e) Do you presently use non-chemical forms of pest control (Integrated Pest Management)? If so, what do you use? _____

6. Fuel

a) Is fuel stored on your farm? Y N

b) Do you have a spill kit on your farm? Y N

c) Tank Description: (Please enter information for each fuel storage on your farm)

Tank 1: Volume: _____ Age: _____ Type of Tank: Double walled vacuum tank

Dyked tank on ground in dyke Gravity fed tank without dyke Gravity fed tank with dyke

Drums Below Ground Other _____ Type of fuel? _____

Tank 2: Volume: _____ Age: _____ Type of Tank: Double walled vacuum tank
 Dyked tank on ground in dyke Gravity fed tank without dyke Gravity fed tank with dyke
 Drums Below Ground Other _____ Type of fuel? _____

Tank 3: Volume: _____ Age: _____ Type of Tank: Double walled vacuum tank
 Dyked tank on ground in dyke Gravity fed tank without dyke Gravity fed tank with dyke
 Drums Below Ground Other _____ Type of fuel? _____

7. Soils:

- a) Do you have your soils tested routinely? Y N
- b) When did you last have your soils tested? _____
- c) How regularly do you have them tested? every year every 2 years every 3-5 years
 every 6-10 years less often than every 11 years
- d) What types of soil do you have (mineral or organic)? _____
- e) Have you had problems with soil on your farm in the past (erosion/drainage/fertility/etc)? If so, please explain briefly. _____

- f) What action, if any, did you take to reduce your problems? _____

- g) What type of drainage do you have on your farm? _____
- h) Do you have buffer strips in place, please circle? Y N
If yes, please describe: _____

8. Environmental Farm Plan

Are you interested in completing an Environmental Farm Plan this year? Y N

If No, why? _____

If Yes, when would be the best time? _____

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