

## Certified Small Farm Operation (CSFO): Annual Certification Form - DUE JANUARY 31ST

Farm/Business Name: <input style="width:95%;" type="text"/>	Owner/Operator Name: <input style="width:95%;" type="text"/>
House/Barn Phone: <input style="width:95%;" type="text"/>	Cell Phone Number: <input style="width:95%;" type="text"/>
Email Address: <input style="width:95%;" type="text"/>	
Mailing Address: <input style="width:95%;" type="text"/>	Main Farm E911 Address: <input style="width:95%;" type="text"/>
Additional Farm E911 Location: <input style="width:95%;" type="text"/>	
Additional Farm E911 Location: <input style="width:95%;" type="text"/>	

What is the preferred method of communication with the Vermont Agency of Agriculture, Food & Markets (VAAFMT)?

Email       United States Postal Service       Fax # \_\_\_\_\_

### I. TYPE AND NUMBER OF ANIMALS

Report maximum numbers of each type of animal present on your farm in the **previous 12 months**:

Type	Maximum Number of Animals
Mature Dairy Cows (lactating and dry)	
Youngstock or Heifers	
Veal Calves	
Cattle or Cow/Calf Pairs	
Swine (55 lb. or more)	
Swine (under 55 lb.)	
Horses	
Sheep or Lambs	
Turkeys	
Chickens (w/ liquid system)	
Chickens (w/out liquid system)	
Ducks (w/ liquid system)	
Ducks (w/out liquid system)	
Other:	
Other:	

### II. WASTE STORAGE AND MANAGEMENT

Please **check** all methods present on farm:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Field Stack            | <input type="checkbox"/> Manure Pit          | <input type="checkbox"/> Semi-solid Storage |
| <input type="checkbox"/> Compost                | <input type="checkbox"/> Mortality           | <input type="checkbox"/> Leachate Treatment |
| <input type="checkbox"/> Milkhouse Waste System | <input type="checkbox"/> Leachate Collection |   |
| <input type="checkbox"/> Other _____            | <input type="checkbox"/> Waste Feed Stack    |   |

### III. FEED AND RAW MATERIALS STORAGE

Please **check** all methods present on farm:

- |  |  |
|--|--|
| <input type="checkbox"/> Bunker Silo         | <input type="checkbox"/> Ag Bag          |
| <input type="checkbox"/> Upright Silo        | <input type="checkbox"/> Bedding Storage |
| <input type="checkbox"/> Pile (in field)     | <input type="checkbox"/> Commodity Shed  |
| <input type="checkbox"/> Wrapped Round Bales | <input type="checkbox"/> Other _____     |

**IV. FIELDS**

Crop	<u># of Acres</u>
<input type="checkbox"/> Hay	_____
<input type="checkbox"/> Pasture	_____
<input type="checkbox"/> Corn	_____
<input type="checkbox"/> Vegetable	_____
<input type="checkbox"/> Crop 1: _____	_____
<input type="checkbox"/> Crop 2: _____	_____

**V. RECORD KEEPING**

Record keeping for soil analysis, manure or agricultural waste application, and fertilizer applications is required of all CSFOs.

Records must be maintained on the farm for 5 years, and be made available to the Secretary upon request.

Records, pursuant to 6.03(f) of the RAPs, must include: **date of application, field location, application rate, source of nutrient applied, and weather and field conditions at the time of application.**

To request a record keeping booklet, check here:

Or visit: [go.usa.gov/x5pvW](http://go.usa.gov/x5pvW)

**VI. NUTRIENT MANAGEMENT PLAN**

VAAFAM understands that few CSFOs will have a *complete* Nutrient Management Plan (NMP) for 2019, but that farmers should be actively working towards NMP completion by taking modified Morgan extractant soil samples and applying manure at agronomic rates.

- a. Do you have a complete NMP developed, in accordance with USDA Natural Resources Conservation Service (NRCS) Nutrient Management Practice Code 590?      Yes       No
- b. If no, have you begun the process of developing your NMP?      Yes       No
- c. Who has been assisting with NMP development? \_\_\_\_\_

**VII. CONSERVATION PRACTICES**

Please **check** any and all conservation practices listed below that are present on your farm:

<u>Field/Grazing:</u>			<u>Production Area:</u>		
Cover Cropping	<input type="checkbox"/>	Manure Injection	<input type="checkbox"/>	Livestock Fencing from Surface Water	<input type="checkbox"/>
No Till/Reduced Till	<input type="checkbox"/>	Aeration	<input type="checkbox"/>	Roof Runoff Diversion	<input type="checkbox"/>
Crop Rotation	<input type="checkbox"/>	Grassed Waterways	<input type="checkbox"/>	Animal Trails and Walkways	<input type="checkbox"/>
Vegetated Buffers	<input type="checkbox"/>	Riparian Forest Buffers	<input type="checkbox"/>	Waste Management/Manure Storage	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>			Other: _____	<input type="checkbox"/>

**VIII. MEDIUM FARM OPERATION/ CERTIFIED SMALL FARM OPERATION TRANSITIONS**

- Has this Farm Operation most recently transitioned from a Permitted MFO to a CSFO?       Yes       No
- Has this Farm Operation most recently transitioned from a CSFO to a Permitted MFO?       Yes       No
- Has this Farm Operation most recently transitioned from a CSFO to a SFO?       Yes       No

**IX. APPLICANT CERTIFICATION**

I certify that the information provided here is, to the best of my knowledge, true, accurate, and complete.

Applicant Name (please print):

Signature of Applicant:       Date:

**Reminder - CSFO Annual Certification Forms should be submitted each year by January 31 to:**

Vermont Agency of Agriculture, Food & Markets  
Small Farm Operations Program  
116 State St. Montpelier, VT 05620

**Contact Information: (802) 828-2431 or [AGR.WaterQuality@vermont.gov](mailto:AGR.WaterQuality@vermont.gov)**