

Environmental Farm Scan



Complete the sections of this scan that are relevant to your farm and email to AleyaFerdausi@gov.nl.ca at your convenience. If you have any questions, please call Aleya Ferdausi at (709) 729-1107.

Date: _____

FPS ID (Internal use only): _____

Farm Name: _____

Type of Farm: _____ Telephone: (w): _____

Contact Person: _____ (h): _____

Mailing Address: _____ (F): _____

Postal Code: _____ Email: _____

Farm Location: _____
(Please provide the exact location of farm for visit purpose)

Do you presently have an Environmental Plan in place? Yes No If

so, when was it conducted? _____

1. Fuel Storage

a) Do you store fuel on your farm? Yes No

b) Do you have a spill kit on your farm? Yes No

Storage Type	Tank 1	Tank 2	Tank 3
Double Walled Vacuum tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyked tank on Ground in dyke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity fed tank without dyke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity fed tank with dyke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of Tank			
Tank Volume <input type="checkbox"/> L <input type="checkbox"/> gal			
Type of Fuel in Tank			

2. Soils

a) Do you have your soils tested routinely? Yes No

b) What year did you last have your soils tested? _____

c) How regularly do you have them tested?

Every year every 2 yrs every 3 – 5 yrs every 6 – 10 yrs >11 yrs

d) What type of soil do you have on your farm? mineral organic

e) What type of drainage do you have on your farm?

Natural Open Ditches Tile

f) Have you had problems with soil on your farm in the past (erosion / drainage / fertility /etc.)

If so please explain briefly. _____

g) What action, if any, did you take to reduce your problems?

h) Do you have buffer strips in place? Yes No

If yes, please describe:

3. Water Supplies & Water Bodies

a) Water supplies: (check all that apply)

Human Consumption: Town Water Shallow Well Artesian Well
 Surface Water Other: _____

Animal Consumption: Town Water Shallow Well Artesian Well
 Surface Water Other: _____

Washing Vegetables: Town Water Shallow Well Artesian Well
 Surface Water Other: _____

Other water uses: _____

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

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

4. Manure Storage:

a) Do you use manure on your farm? Yes No

b) Do you truck manure off your farm? Yes No

c) If yes to who?

Other Producer Public (lawn & garden) Other: _____

d) Do you accept manure from another farm? Yes No

e) If yes, what type?

Poultry Dairy Beef/Sheep Fox/Mink

Other: _____

f) 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 Stock Piled on Field Other: _____

g) What duration can your manure storage hold?

More than 8 months Between 6 – 7 months Less than 6 months

h) Proximity of manure storage to sensitive areas (please indicate units;. m, km, ft, yd)

Protected water supply: _____

Stream / ponds : _____

Wells (own or neighboring): _____

Open ditches leading to water courses: _____

5. Animal Units & Land Base:

Please indicate type of animal and quantity: (If milking, please indicate how many you milk as well (eg: dairy-100, milk 84/100)

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

c) Number of Fields: _____

6. Fertilizer

a) Do you use fertilizer? Yes No

b) What type of fertilizer do you use? Granular Compost Liquid

c) What volume of fertilizer do you use (estimate)? _____ kg tonnes

d) Where do you store your fertilizer?

Outside on Soil under Plastic Outside on Pallets under Plastic

Inside Immediate Use (within 5 days) Other _____

e) Is your fertilizer storage able to be locked when not in use? Yes No

7. Pesticides

a) Do you use Pesticides? Yes No

b) What type(s) of pesticide do you use?

Herbicides Fungicides Insecticides Rodenticides

Other: _____

c) What volume of pesticide do you use (estimate)? _____ L gal

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

e) Do you or someone on your farm have a Pesticide Applicator Course? Yes No

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

8. Environmental Farm Plan

Would you like to complete an Environmental Farm Plan this year?

If No, why not? _____

If Yes, when would be the best time?

Other Comments you would like to make:

I hereby certify that to the best of my knowledge and belief, the information provided for this report is true and correct. Personal information collected is used to process applications, this information is confidential and handled as required by the Access to Information and Protection of Privacy (ATIPP) Act. It may be shared within the Department for program delivery purposes. Any questions or comments may be directed to the Manager of Agriculture Lands at (709) 637-2084.

Signed: _____ Date : _____

If you have any questions, please call, Aleya Ferdausi at (709) 729-1107

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Under the authority of the Environmental Farm Planning Program, personal information is collected in order to assess Agriculture 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 the Agriculture Lands Section (709) 637-2084.