## **Certified Naturally Grown**™ SUMMARY INSPECTION REPORT

Farm Name: <u>Rugest HARVEST</u> .	
Grower(s) Name: WARREN HAW.	
Inspector: DENIS MURPHY	
Inspection Date: MAR 13 .06 Total On-Farm Inspe	ction Time: <u>20 min</u> .
Please circle YES or NO and initial the line ne	ext to the question.
To the best of my abilities and based on my observations grower(s), I feel confident in making the following declara the above grower wants to have listed as Certified Natural	tions about the farm acreage
I saw no evidence of prohibited insecticides, herbicides, fungicides or prohibited chemical fertilizer use:	Agree / Disagree
The farmer is not irrigating from a water source that I know to be chemically contaminated:	Agree / Disagree
The acreage under consideration looks to be surrounded by an adequate buffer to protect from chemical/spray drift contamination:	Agree / Disagree
Farmer is careful to make sure that no genetically modified or chemically treated seeds are used on this acreage:	Agree / Disagree
The Grower(s) demonstrates a commitment to sustainable agricultural practices that seek to maintain and increase the long-term fertility of soils and protect and conserve water resources:	Agree / Disagree

I certify that to the best of my abilities, observations, and based on my personal interview with the grower(s). I feel confident in recommending that the above listed grower(s) and farm fee included not be included (please circle one) in the Certified Naturally Grown program.

Signature of Inspector

Date

Inspector Contact Information: (This information will be kept completely confidential but is required for this form to be valid. It is only so we can contact you and check that you filled in this form.)

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