

**2018 REPLANT PLAN**

**ONLY COMPLETE APPLICATIONS INCLUDING THIS PLAN WILL BE ACCEPTED FOR CONSIDERATION FOR FUNDING. ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT UNPROCESSED.**

The intent of this plan is to assist the grower in producing high quality replant projects. This plan will only impact the approval process if it is evident to the Review Committee that the applicant is not following good replant practices.

GROWER/BUSINESS NAME: \_\_\_\_\_

LOCATION OF REPLANT SITE (Street address and Area): \_\_\_\_\_

MANAGER: \_\_\_\_\_ PACKING AND MARKETING BY: \_\_\_\_\_

SITE ASSESSMENT AND PREPARATION	If YES, please explain or describe plan to resolve/achieve goal	NO
Is there a high to medium risk of frost and russet due to poor air drainage?		
Has there been problems achieving good growth and production in past replant attempts?		
Has a Basic Soil test for pH and fertility been conducted in the past 3 years for replant site ( <b>REQUIRED FOR GRANT APPROVAL</b> )?	Please attach copy of results.	
Has a Replant Bioassay test been conducted in the past 3 years for the replant site (not required for 2015, but grant available)?	Please attach copy of results if completed.	
Does your Soil Analysis' indicate the need for Lime or other soil amendments? If yes, please give brief details of product to be used, amount, and application method.		
Will soil be fumigated? If yes, please specify treatment and approval of fumigation plan.		
The best replant success starts with good prep of soil to seed bed conditions. Please circle which of the following will be done to accomplish this on your site.	Deep Ripping      Plowing      Disking/Spading  Rotovating      Other: _____	

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SITE ASSESSMENT AND PREPARATION	If YES, please explain or describe plan to resolve/achieve goal	NO
How will trees and extra roots of old planting be removed and by what date?		
Will you be using mulch to help with weed control and water use? If yes, what kind and is it acceptable for food safety or organic certification? Please give date for application.		
Do you have a perennial weed problem that requires a treatment of a systemic herbicide or other treatment prior to tillage of soil?		

PLANTING SYSTEMS AND SUPPORTS	If YES, please explain or describe plan to resolve/achieve goal	NO
Specify planting system (please circle best option or fill in Other))	Apple: Superspindle    Tall Spindle    Other: _____ Stone: Central Leader    Open Center    Other: _____	
If needed, what type of support system will you be using (please circle best answer or fill in Other)?	Trellis (post/wire)    Single post Post/Single wire    Other: _____	
If constructing a Trellis system, will it deviate from the accepted standards as outlined in the provincial publication "Support Systems for High Density Apples"? If yes, please explain how and why.		
Will you be sourcing your trees from a nursery, other grower? If yes, please give name of supplier.	Please attach copy of Nursery order confirmation.	
Will you be growing your own trees in a home nursery? If yes, please indicate date planted and budded or grafted as well as source of rootstock/scion wood.	Please attach receipt of rootstock and/or scion wood if purchased.	
Will the variety you are planting require or benefit from the inclusion of a pollinizer to achieve full crop load potentials? If yes, please provide the type of pollinizer and how it will be incorporated into the planting.		

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IRRIGATION SYSTEM	If YES, please explain or describe plan to resolve/achieve goal	NO
Will you be using your pre-existing irrigation system for new planting? If yes, what have you done to ensure the irrigation correctly matches the spacing and needs of an economic new planting?		
If putting in new or renovating existing irrigation, who has designed the irrigation system?		
What irrigation system will be used in the new planting? (Please circle all answers that apply)	Trickle/Drip                      Undertree Microsprinkler                      Impact  Overhead Sprinkler                      Other: _____	
Do your water needs change throughout the season? If yes, how will you be monitoring your soil moisture to determine irrigation needs? (Please circle all answers that apply)	Tensiometer                      Shovel/Hole                      Visual Cues  Evapotrasporation (ET)                      Other: _____	

PLANTING	If YES, please explain or describe plan to resolve/achieve goal	NO
Will you need a place to transport and store tree prior to planting that will prevent them from breaking dormancy or dehydrating?		
What is your plan for hydrating trees pre- and post-planting?		
How will you be planting the trees in the ground? (Please circle all that apply)	Ditch/shovel                      Auger                      Mechanical  Other: _____	
If trees are from a home nursery, are there any barriers to moving the trees to final planting location while they are dormant?		

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NUTRIENT PROGRAM	If YES, please explain or describe plan to resolve/achieve goal	NO
Given the importance of Phosphorus for new root growth, will Phosphorus be amended in the soil? If yes, what form of Phosphorus will be used and how will it be incorporated?		
How will you be applying subsequent nutrients post-planting? (Please circle all answers that apply)	Hand/Spreader      Foliar      Fertigation Other: _____	
WEED CONTROL	If YES, please explain or describe plan to resolve/achieve goal	NO
Over use of Glyphosate in new planting can cause problems. What is your post-planting weed control plan? (Please circle all answers that apply)	Pre-emergent Soil      Post-emergent contact      Systemic Contact Cultivation      Other: _____	
PEST CONTROL	If YES, please explain or describe plan to resolve/achieve goal	NO
Are rodent a problem in your orchard for new growth?		
Are deer a problem in your orchard for new growth?		
How often will you be monitoring the replant area for insect and disease pest problems arising?		
What resources do you have to help identify pests and diseases of young plantings?		

Grower/manager signature:

Print name:

Date:

Grower Advisor signature:

Print name:

Date:

