

**Certified Naturally Grown™
SUMMARY INSPECTION REPORT**

Farm Name: Hope Valley Farm

Grower(s) Name: _____

Inspector: Amy Germain

Inspection Date: 7/18/06 Total On-Farm Inspection Time: 1 hour

Please circle YES or NO and initial the line next to the question.

To the best of my abilities and based on my observations and interview with the grower(s), I feel confident in making the following declarations about the farm acreage the above grower wants to have listed as Certified Naturally Grown™:

I saw no evidence of prohibited insecticides, herbicides, fungicides or prohibited chemical fertilizer use: Agree / Disagree AG

The farmer is not irrigating from a water source that I know to be chemically contaminated: Agree / Disagree AG

The acreage under consideration looks to be surrounded by an adequate buffer to protect from chemical/spray drift contamination: Agree / Disagree AG

Farmer is careful to make sure that no genetically modified or chemically treated seeds are used on this acreage: Agree / Disagree AG

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 AG

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

be included not be included (please circle one)

in the Certified Naturally Grown™ program.

Amy Germain
Signature of Inspector

7/18/06
Date