

2015 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 be used by the Review Committee to determine if the applicant is 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 (REQUIRED FOR GRANT APPROVAL) ?	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 or rodents 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: _____

