

## **HONEY SUPPLEMENT**

1. Please list all of the locations your hives are located throughout the year. Note the approximate dates that the hives reside at each location. Then, for each location, submit a color NRCS map (available at your local NRCS office) that includes a four-mile radius surrounding the bee yards. Mark on the maps the 1.8 mile forage zone on the map, as well as an additional ring that represents a 2.2 mile surveillance zone immediately beyond the forage zone. Be sure to also identify the land that you own or have control over.

2. For each hive location where bees will be foraging, identify all land use activities within 1.8 miles of the hive(s). Examples of land use categories are as follows: residential home, shopping center, landfill, rock quarry, conventional field crops, softwood forest...

3. Provide a description of the flowering plants growing and crops grown in the foraging zone(s). Include a description of the forage size (area) and density and bloom periods.

4. What are the sources for water in the foraging zone?

Name: \_\_\_\_\_

5. What sources of contamination for foraging bees are there in the forage zone? Examples include a genetically engineered crop like canola, an incinerator, herbicide sprayed roadsides and power line corridors.

6. How many hives were in production in 2008?

7. How many hives were in production in 2009?

8. How many hives are proposed to be in production in 2010?

9. Do you manage any hives conventionally?  Yes  No  
If YES, how are you identifying hives if you have a split operation?

10. Describe materials used in hive construction (boxes, bottom boards, screens, covers, frames, and comb).

11. Do you use replacement bees to replenish established colonies?  Yes  No  
If YES, how many packages of bees do you get per year and what is the source of these packages?

12. Describe your method for expansion of your apiculture operation. Do you purchase organic hives and bees? Do you split your own organically managed colony to form a nucleus colony? Do you purchase non-organic bees and transition them for one year? Explain all approaches you have used in the past year and plan to use this year.

Name: \_\_\_\_\_

13. Are the bees fed sugar or sugar syrup anytime during the season?  Yes  No. If YES,  
a) When was the last feeding? \_\_\_\_\_  
b) What are you feeding? Include brand name and certification information.

14. Describe your control of the following diseases and pests. Include the complete product/material names for all inputs and control agents used.

- a. Foulbrood
  
  
  
  
  
  
  
  
  
  
- b. Tracheal Mites
  
  
  
  
  
  
  
  
  
  
- c. Varroa Mites
  
  
  
  
  
  
  
  
  
  
- d. Nosema
  
  
  
  
  
  
  
  
  
  
- e. Wax Moths
  
  
  
  
  
  
  
  
  
  
- f. (other pest or problem—please specify):

15. What materials are burned in your smoker?

16. Describe your processing including heating, packaging, and cleaning. Name all equipment used.

Name: \_\_\_\_\_

17. Are there any potential contamination issues to be considered during processing? For instance, we consider sharing or leasing equipment from a conventional producer as a potential source of contamination.

18. What is your State of Maine License number?

19. a) What apicultural product do you sell? (honey, wax, propolis, venom, royal jelly, colonies/nucs)

b) Are all intended for organic certification?

20. Please describe your record keeping system concerning your honey operation.

21. Is there any other information about you or your operation that you would like to provide that will increase our understanding of your management system?

22. Do you have questions about certifying honeybees and their products?

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_