



Third Party Witness Declaration Protected Agricultural Stewardship Standards

Protected Ag Operators using closed loop chemigation systems (i.e., drench application) are required to complete a water-management assessment witnessed by a third party to achieve certification under the Protected Agricultural Stewardship Standards. In addition, as per the Pesticide Management Regulatory Authority re-evaluation decision on imidacloprid and its associated end-use products, greenhouses using closed recirculation systems are also required to undertake a third-party audit that validates the facility’s closed recirculation systems and other measures are sufficient to prevent releases, effluent or runoff containing this product from entering lakes steams, ponds, or other waters.

| | |
|-------------------|--|
| Third Party Name: | |
|-------------------|--|

As a third party I declare:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have read the Protocol C1 Water Assessment Manual Category 1 Facilities |
| <input type="checkbox"/> | I have reviewed the testing methodology being used by the operator and confirm that I have the ability and knowledge to effectively witness the testing process and reporting thereof. |
| <input type="checkbox"/> | I am not related to the owners of the operation; nor do I have a financial interest in the operation, nor am I an employee or customer of the operation |

Furthermore, I confirm the following:

| | |
|--------------------------|---|
| <input type="checkbox"/> | I reviewed as-built and utility drawings which identify the various chemigation systems and stormwater management systems related to all closed chemigations requiring testing |
| <input type="checkbox"/> | I reviewed the Infrastructure Summary and Floor Drain Log. |
| <input type="checkbox"/> | I witnessed the visual inspection. Any deficiency that could lead to loss of product to the environment was recorded and identified in the report as requiring corrective action. |
| <input type="checkbox"/> | I witnessed the physical test of the full system |
| <input type="checkbox"/> | I witnessed recording of results of the physical test. |
| <input type="checkbox"/> | I confirmed all deficiencies recorded. |
| <input type="checkbox"/> | I confirmed all deficiencies have been corrected and recorded as completed in the report. |
| <input type="checkbox"/> | I reviewed completed report. |

Initial

Third Party Contact Information:

| | |
|----------|--|
| Name: | |
| Address: | |
| Phone # | |
| Email: | |

Signature:

Date:

Grower/Operator Information:

| | |
|-------------------|--|
| Operation Name: | |
| Operator Address: | |
| Phone # | |
| Email: | |

Note: Operators that have their water assessment completed by a third-party qualified person(s) do not require this waiver.