

ARIZONA DEPARTMENT OF HEALTH SERVICES
 OFFICE OF ENVIRONMENTAL HEALTH
 150 N. 18th Avenue, Suite 140, Phoenix, Arizona 85007
 REQUEST FOR SITE VISIT FOR SCHOOL GARDENS

Name of School Garden:					
Street address:					
City:		Zip code:		School phone:	
Person In Charge (PIC):					
Email:		Phone:		Fax:	
Mailing address:					
City:		State:		Zip code:	
Water source: Municipal ___ Well* ___ Irrigation* ___ Other* ___					
If other, please describe: _____					
*Provide a copy of the most recent bacterial analysis					
What produce will you be growing: _____					
What is your growing season: _____					
Type of produce beds: Flat ___ Sunken ___ Raised ___					
If raised, what type of material will be used for the frame, describe: _____					
Soil tested for lead: Yes ___ No ___ If yes, date tested: _____ and the amount of lead: _____					
What type of fertilizer will be used, describe: _____					
What is the distance, measured in feet, from the garden to the following areas:					
Water source ___ Septic system ___ Garbage dumpster ___ Storage tanks ___ Feed lot ___					
Parking lot ___ Bathroom ___ Hand wash sinks ___ Pest control applications ___					
Composting area ___ and the method _____					
Describe the desired location for the garden, include size, number of plots, fencing, harvesting equipment, pest control methods, does the area properly drain during and after rain, etc. Please provide a map with the location of the beds, walkways, water source, fencing, and hand wash sinks.					

Include a copy of your Risk Control Plan and garden map.

Print Name:

Signature:

Date:
