

Nutrient Management Plan

Name:

Field:

Date:

Nutrient Management Plan Checklist

- | | |
|--|---|
| <input type="checkbox"/> Field map attached
<input type="checkbox"/> Recent soil test information
<input type="checkbox"/> Soil test history attached
<input type="checkbox"/> TMDL issues addressed, if applicable
<input type="checkbox"/> Manure Management Plan attached, if needed
<input type="checkbox"/> Nutrient application rates within guidelines
<input type="checkbox"/> No conflicts with rest of Conservation Plan | <input type="checkbox"/> Estimated erosion loss calculated
<input type="checkbox"/> P Index calculated, if needed
<input type="checkbox"/> Leaching Index determined
<input type="checkbox"/> Suggested Best Management Practices identified
<input type="checkbox"/> Environmental Risks Identified
<input type="checkbox"/> Certified Advisor/Planner signature
<input type="checkbox"/> Producer Signature |
|--|---|

Environmental Risk Assessment

Y N

- P TMDL Area
- N TMDL Area
- P Soil Test Greater Than 50 ppm Bray1/Mehlich III
- Irrigated Field
- Adjacent to Homes, Buildings, etc.
- Shallow Water Tables (less than 10' deep)
- Water Well in Field
- Wellhead Setback
- Stream Setbacks
- Adjacent to Intermittent/Perennial Stream (<300')
- Flood Frequency Class (Occasional or Greater)
- Buffer Strips Present
- Sheet/Rill Erosion Concerns
- Gully Erosion Concerns
- Stream Bank Erosion Concerns
- Other Environmental Concerns (detail below)

Producer Long-Term Nutrient Objectives:

Overall Conservation Plan Objectives:

Environmental Management Indicators:

RUSLE Soil Erosion: _____ ton/acre

P Index: _____ (if needed)

Leaching Index: High Medium Low

Manure Application: (circle one)

None

Incorporated days after application

Unincorporated

Subsurface Injected

Irrigation System

Other

Map:



Certified Nutrient Planner

Date

Producer

Date



PM-47



Nutrient Management Plan

Name: _____	Field ID: _____	Acres: _____	Date: _____
Address: _____	Legal Description: _____	Crop: _____	
_____	_____	Yield Goal: _____	
_____	Subfield/Zone: _____		
_____	Tract/Farm: _____	Prev. Crop: _____	
_____	Watershed: _____	Prev. Yield: _____	
Acct. Number: _____			
Phone: _____	Predominant Soil Type: _____	Next Crop: _____	
Cell Phone: _____	Tillage System: _____	Next Yield: _____	
E-Mail: _____	Irrigated: Y or N	Planned Crop Rotation: _____	

Soil Test Information

Soil Texture: _____	Surface Sample Depth: _____ inches	Soil Sample Date: _____
Soil OM: _____ %	Profile Soil Depth: _____ inches	Sulfur: _____ Lb A ppm
Soil pH: _____	Surface NO ₃ -N: _____ Lb A ppm	DTPA Zn: _____ ppm
Buffer pH: _____	Profile NO ₃ -N: _____ Lb A ppm	Profile Cl: _____ Lb A ppm
		Other: _____
CEC: _____ meq/100gm	Bray/Mehlich/Olsen P: _____ ppm	Other: _____
Soil EC: _____ mmho/cm	Exch. K: _____ ppm	Other: _____

Environmental Risk Assessment

Specific Problems Identified:

Comments On Addressing Problems:

Suggested Best Management Practices:

Crop Nutrient Requirements, Timing and Sources

N P₂O₅ K₂O S Zn Cl Other Lime
 Lb/A (t/a ECCE)

Total Nutrient Requirement

Nutrient Credits

- Profile Nitrate-N, Chloride, Sulfur
- Soil Organic Matter
- Previous Crop Adjustment
- Irrigation Water
- Manure (from attached work sheet)
- Tillage

	N	P ₂ O ₅	K ₂ O	S	Zn	Cl	Other	Lime
Total Nutrient Requirement								
Nutrient Credits								
Profile Nitrate-N, Chloride, Sulfur								
Soil Organic Matter								
Previous Crop Adjustment								
Irrigation Water								
Manure (from attached work sheet)								
Tillage								
Planned Nutrient Application								
Planting/Starter								
B'cast - Surface								
B'cast - Incorp.								
Knife - Preplant								
Sidedress								
Top Dress								
Irrigation								
Irrigation								

Planned Nutrient Application

	Source/Material	Actual
Planting/Starter	_____	<input type="checkbox"/>
B'cast - Surface	_____	<input type="checkbox"/>
B'cast - Incorp.	_____	<input type="checkbox"/>
Knife - Preplant	_____	<input type="checkbox"/>
Sidedress	_____	<input type="checkbox"/>
Top Dress	_____	<input type="checkbox"/>
Irrigation	_____	<input type="checkbox"/>
Irrigation	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Total Nutrients Supplied:

	N	P ₂ O ₅	K ₂ O	S	Zn	Cl	Other	Lime
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