

590 – Nutrient Management Implementation Requirements

Producer:	Crop Year:
Program:	Contract #:
	Land Use: This documentation is for: □ Cropland □ Perennial Forage This submission includes all documentation required to annually certify implementation of CPS 590 Nutrient Management. All nutrient applications were planned and applied according to CPS 590 using the applicable NRCS Minnesota forms unless previously approved. The baseline plan contains the practice purpose(s) and operation and maintenance and is NOT required to be submitted annually. Provice 651-454-0002 or 800-252-1166 See injections, or soil tests will be occurring (deeper than 6").
Documents Required For Annual Certification (check all that are attached)	
☐ Location of approved Baseline Nutrient Management Plan including all documentation that supports the Nutrient Management Checklist (MN-ECS-15): (examples: Local NRCS Field Office, DMS)	
☐ Field Map(s) identifying all fields	
 Field Specific Nutrient Budget form (MN-CPA-023 October 1 for Fall & Winter nutrient application April 1 for Summer and Spring nutrient application 	ons
☐ Updated Soil Test (if necessary)	

☐ Practice Certification and Record Keeping Form (MN-CPA-046B), completed after implementation

☐ Updated Manure or Other Source Analysis (if applicable)

☐ Updated Nutrient Risk Assessments (if applicable)

Practice Specifications Approval and Completion Certification

Producer Certification Statement I certify that ALL activities listed on the attached practice certification and recordkeeping forms are correct and have been implemented according to NRCS guidance. **Printed Name Producer Signature Date Certified** Practice Approver Certification Statement I certify that implementation of this conservation practice is complete, and Meets all applicable USDA standards, specifications, and program requirements, Complies with all applicable Federal, State, Tribal, and local laws and requirements, and Meets the particular conservation program goals and objectives for which the program agreement or contract was entered into by the program participant. ☐ I am a Technical Service Provider (TSP) I assume all legal responsibility for the technical services I provide, and I understand that the USDA shall have no responsibility or liability for the technical services I provide. I agree to submit to quality assurance reviews of the technical services I provide, including providing any documentation requested by the USDA related to my provision of technical services. **Printed Name** Title Job Approval Authority / Technical Service Provider # Signature **Date Planned Acres Applied Acres*** *Applied Acres represents the acres meeting the 590 Nutrient Management Conservation Practice Standard. If Applied Acres are less than Planned Acres, provide an explanation below indicating why requirements were not met and which fields and acres were excluded or if there was a variance from planned practices. Notes (attach additional pages and supporting documentation if necessary):