**Nutrient Management IR**

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| **Producer:** |   | **Tract(s):** |   |
| **Location:** |   | **Field(s):** |   |
| **Project/Contract:** |   | **Acres:** |   |

**Practice Location Map,** *see attached*

* Include field boundaries, field numbers, acres, map scale, geographic coordinates, north arrow, and applicable map symbols with legend. Aerial photo with GIS-developed map is preferred.
* Delineate all water quality sensitive areas within 200’ of sinkholes, wells, drainage well, and all water bodies and 800’ of water bodies listed as High-Quality Water Resource.

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| **Planned Nutrient Application** |  |  |  |  |  |  |  |  |
| Field(s): 1, 2, 3, 4 | Year: CY2023 | Crop: Corn |
| Nutrient Source | Application Date | Equipment/ Placement | Analysis | Bulk Rate / Ac | Units | Lbs./ac |
| N | P2O5 | K2O | N | P2O5 | K20 |
| Anhydrous | Spring 2023 | Minimal disturbance knives, custom applied | 82 | 0 | 0 | 139 | lbs | 114 | 0 | 0 |
| Liquid UAN, 32% | Pre-emerge | Broadcast with herbicide | 32 | 0 | 0 | 10 | gallons | 35 | 0 | 0 |
| ATS (sulfur) 12-0-0-26S, 15 lbs S | Pre-emerge | Broadcast with herbicide | 12 | 0 | 0 | 5.3 | gallons | 7 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
| Total Nutrients Planned/ Acre | 156 | 0 | 0 |
| *Attach how N rate was determined for the specific crop, e.g., MRTN used and all test data, etc. utilized to determine the rate planned.*  |

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| Notes:  |

**Design Approval**

Job Class: Select

|  |  |  |
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| Designed By:  | Date:  | Job Approval Authority (JAA):Select |
| Approved By\*:  | Date:  | Job Approval Authority (JAA):  |

*\*Approved By signature is only required if the planner does not have the proper JAA.*

 **Producer Acknowledgement**

1. I have received a copy of the specifications and understand the contents, including the scope and location of the practice.
2. I will comply with all ordinances and laws pertaining to the application of this practice.
3. No changes will be made in the installation of the job without prior concurrence of the NRCS.
4. Maintenance is necessary for proper performance during the life of the practice. The practice life is **1 year.**

Program requirements may require longer maintenance, check the program contract.

I have reviewed all specifications and agree to install as specified:

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| Producer Signature: | Date: |

 **Certification**

**Actual Nutrient Application**

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| Field(s):  | Year:  | Crop:  |
| Nutrient Source | Application Date | Equipment/ Placement | Analysis | Bulk Rate / Ac | Units | Lbs./ac |
| N | P2O5 | K2O | N | P2O5 | K20 |
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| Total Nutrients Applied / Acre |  |  |  |

Support actual application with as applied maps, records, invoices, etc. Enter average rate / field into table when using VRT. Attach VRT as applied maps.

**Additional Information**

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I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s) and meets the NRCS conservation practice standard and specifications.

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| NRCS Signature: | Date: | Job Approval Authority (JAA): |
| Notes: |