

### Nutrient Management Checkout and Certification

Cooperator:	Field Office:		
Plan No.:	Location:		
Checkout By:	Title:	Date:	

#### ***Document actual practice completion***

*\*Attach diagram or map indicating completion of Nutrient Management.*

<b>Risk Assessments</b>				
<b><u>NITROGEN</u></b>	Field #:	Field #:	Field #:	Field #:
Leaching Index:				
Groundwater Vulnerability Rating:				
Rating:				
No. of Mitigating Activities Needed:				
Mitigating Activities Planned:				
<b><u>PHOSPHORUS</u></b>	Field #:	Field #:	Field #:	Field #:
Nutrient Limited Watershed: (Y/N)				
Soil Test P Index:				
Rating: (Low, Moderate, High, Severe)				
Rate: (Full, Half, None)				
P <sub>2</sub> O <sub>5</sub> Application Rate Allowed:				

<b>Manure Analysis</b>	
Manure Source:	
Analysis Date:	
Manure Analysis: (N, P, K, pH, EC)	

Nutrient Budget									
		Field #:	Field #:	Field #:	Field #:				
Acres:									
Type of Crop/Herbaceous Cover:									
Nitrogen Credits From Legume Crop:									
Soil loss below "T"? (Y/N)									
Yield Goal:									
Soil Analysis Date:									
Soil Test Results and Recommendation to Meet Yield Goal:	Nitrogen								
	Phosphorus								
	Potassium								
	pH								
	EC								
Mehlich -3 used? (Y/N)									
Nutrient Application Date:									
Nutrient Source:									
Fertilizer Blend and Total lbs. Applied:									
Nutrients Applied/Acre:	Nitrogen								
	Phosphorus								
	Potassium								
	Lime								

<b>Notes:</b>

Signature: \_\_\_\_\_

*I certify that this practice has been carried out as documented and meets standards and specifications.*