



590 Nutrient Management

Owner _____ Operator I.D. _____ Date _____
 Operator _____ Tract _____ Field (s): _____
 Contract Number _____ Contract Item Number (s): _____
 Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN

- Practice objective,
- Identification of the extent of practices applied,
- Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required),
- Environmental Evaluation NRCS-WA-CPA-052,
- Documentation of necessary permits – federal, state, tribal, local - as applicable, and
- Site-specific practice specification and considerations to minimize nutrients in surface water and ground water and additional purposes.

The following additional data are needed for the specific practices listed.

Use the Check Box to indicate the Requirements are met.

Check

Box

Requirements

COMMENTS

| | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Location & Layout Drawings, Soil Map and Reports. | _____ |
| <input type="checkbox"/> | Erosion prediction results (Soil loss via wind and water). | _____ |
| <input type="checkbox"/> | Nitrogen Leaching Potential. | _____ |
| <input type="checkbox"/> | Phosphorus index. | _____ |
| <input type="checkbox"/> | Manure tests, tissue test, additional soil tests or etc used | _____ |
| <input type="checkbox"/> | Soil tests | _____ |
| <input type="checkbox"/> | Job sheet & Annual Nutrient Budget for each CMU | _____ |
| <input type="checkbox"/> | Climatic Data (TAPS) | _____ |
| <input type="checkbox"/> | Irrigation Records (if applicable) | _____ |

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.

Certification:

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."

Certified by: /s/ _____ Date: _____

Job Title: _____ JAA LEVEL: _____