Nutrient Management Plan Writing

General Information

Farm Operator/Manager

Name: _____ Email: _____ Phone: _____

Farm Address: _____

Owner (if different from operator)

Name: _____ Email: _____ Phone: _____

Fertilizer Supplier (if applicable)

Name: _____ Email: _____ Phone: _____

Biosolid Supplier (if applicable)

Name: _____ Email: _____ Phone: _____

Need for Plan

Cost-Share/Tax Credit: ☐Yes ☐ No

If yes, type: _____

NRCS/SWCD Representative: _____

Virginia Pollution Abatement (VPA): ☐Yes ☐ No

If yes, provide permit number if existing: _____

Integrator: _____

Voluntary: ☐Yes ☐ No

If yes: _____

Other: _____

Farm Management

Soil Samples:

Who takes the soil sample: _____

Samples are taken every: ☐ 1 year ☐ 2 years ☐ 3 years

Are there current soil samples for each field to be in the plan? ☐Yes ☐ No

Where are the samples sent: _____

Who makes recommendations
☐ Extension ☐ Laboratory ☐ Fertilizer Dealer ☐ Consultant ☐ Yourself

Are tissue samples taken?

☐Yes ☐ No

What crops: _____

Are soil nitrate tests taken? ☐ PSNT before side dressing corn
☐ Pre-plant nitrate test for small grain

Livestock, Manure Production, & Storage Information

Poultry

Type:
☐ chicken ☐ turkey
☐ broilers ☐ breeder ☐layer ☐ pullet ☐ tom

birds/flock: _____ no. of cycles/year: _____

Integrator: _____

Number of total clean outs/year: _____

Is manure applied on-farm or sold:
☐ On-farm; amount _____ ☐ Sold; amount _____

Average number of days before incorporation, if applied on-farm:
☐ Injected/Immediate ☐ After 2 days ☐ After 4 days
☐ After 7 days or no incorporation ☐ Irrigated without incorporation

Manue Analysis: ☐Yes ☐ No
Lab: _____

Sample date: _____

Analysis: TKN: _____ NH_4: _____ P_2O_5: _____ K_2O: _____

Manure Spreader: ☐Yes ☐ No ☐ Custom spreader
Type: _____ Capacity: _____ Width of pattern: _____ ft.

Calibrated: ☐Yes ☐ No

Date: _____

Dairy, Beef, Swine, etc.

Type: _____

Number: _____

Average weight: _____

Percent of time confined: ___%

Type of manure storage and capacity: _____

Frequency of clean out per year: _____

Does feed lot drain into manure storage? ☐Yes ☐ No

If yes, total uncovered area that drains into storage: _____sq. ft.
☐ Paved ☐ Unpaved

Does any roofed area drain into storage: ☐Yes ☐ No
If yes, total area of roof(s) draining into storage: _____sq. ft.

Is manure applied on-farm or sold:
☐ On-farm; amount _____ ☐ Sold; amount _____

Average number of days before incorporation, if applied on-farm:
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Manue Analysis: ☐Yes ☐ No
Lab: _____

Sample Date: _____

Analysis: TKN: _____ NH_4: _____ P_2O_5: _____ K_2O: _____

Manure Spreader: ☐Yes ☐ No ☐ Custom spreader
Type: _____ Capacity: _____ Width of pattern: _____ ft.

Calibrated: ☐Yes ☐ No

Date: _____

Biosolids

Are you scheduled to receive biosolids or other off-farm nutrient sources: ☐Yes ☐ No

Locations receiving biosolids: _____

_____

Locations previously received biosolids: _____

_____

Amount applied: _____tons.

Analysis: TKN: _____ NH_4: _____ P_2O_5: _____ K_2O: _____ Ca: _____ Mg: _____
CCE: _____

Phosphorous Index

Are there fields with VH soil analysis receiving organic fertilizer: ☐Yes ☐ No

Field Name/Number: ____

Distance to Stream: ______________________________________

Riparian Buffer Width between Field and Stream: ___________________________

Crop Type: ☐ Crop ☐ Continuous No-Till Crop ☐ Continuous Grass (hay/pasture)

Conservation Practice Crop Acres (check all that apply):
☐ Contour (<1% grade) strip ☐ Terrace ☐ Conservation tillage (>30% residue)

Conservation Practice Pasture:
☐ <50% ground cover or heavily grazed with no mulch ☐ 50-75% ground cover and not heavily grazed ☐ > 75% ground cover and lightly or only occasionally grazed

Field Name/Number: ____

Distance to Stream: ______________________________________

Riparian Buffer Width between Field and Stream: ___________________________

Crop Type: ☐ Crop ☐ Continuous No-Till Crop ☐ Continuous Grass (hay/pasture)

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Crop Acreage

Corn:
Grain: ☐ Conventional _____ acres ☐ No-till _____ acre ☐ Irrigated _____ acres

Silage: ☐ Conventional _____ acres ☐ No-till _____ acre ☐ Irrigated _____ acres

Small Grain:
Wheat: ☐ Conventional _____ acres ☐ No-till _____ acre

Barley: ☐ Conventional _____ acres ☐ No-till _____ acre

Rye: ☐ Conventional _____ acres ☐ No-till _____ acre

Oats: ☐ Conventional _____ acres ☐ No-till _____ acre

Triticale: ☐ Conventional _____ acres ☐ No-till _____ acre

Soybeans:
Early: ☐ Conventional _____ acres ☐ No-till _____ acre

Double Crop: ☐ Conventional _____ acres ☐ No-till _____ acre

Forage:
Grass: _____ type _____ acres

Legume: _____ type _____ % legume _____ acres

Mixture: _____ type _____ acres

Hay: _____ type _____ acres

Pasture: _____ type _____ acres

Annual acreage planted in cover crops:
Wheat: ☐ Conventional _____ acres ☐ No-till _____ acre

Barley: ☐ Conventional _____ acres ☐ No-till _____ acre

Rye: ☐ Conventional _____ acres ☐ No-till _____ acre

Oats: ☐ Conventional _____ acres ☐ No-till _____ acre

Triticale: ☐ Conventional _____ acres ☐ No-till _____ acre

Legume: ☐ Conventional _____ acres ☐ No-till _____ acre

Type: _____ Legume %: _____

Other Crops:
Type: _____ acres _____

Type: _____ acres _____

Type: _____ acres _____

Total Acreage*: _____
*Do not add double crop acres in total

Fertilizer Spreader: ☐Yes ☐ No ☐ Custom spreader

Type: _____ Capacity: _____ Width of pattern: _____ ft.

Calibrated: ☐Yes ☐ No

Date: _____

General nutrient application for each crop or rotation (lbs./ac. plant food)

Crop	**Pre-Plant** Rate/Month	**At Planting** Rate/Month	**Top Dress** Rate/Month	**Side Dress** Rate/Month	**Tillage** *C/MT/NT
Corn					
Wheat/DC Soybeans					
Barley/DC Soybeans					
Corn /Rye Silage					
Hay/Pasture					
Alfalfa**					
Tall Grass Hay**					
Pasture**					

* C-Conventional, MT-Minimum till, NT- No-till
** Note percentage of legumes in forage mixes

Field Information

Field No.	Farmer Field ID	Acres	Previous or Present Crop	Crop to be Planted	Biosolids or Manure History Rate Month/Yr.	Manure Applications Rare, Frequent, Continuous	Last Lime Application Rate Month/Yr.