



Enhanced Nutrient Management Best Management Practices

Plan Name: _____

Plan Unique ID. Number: _____ (from Activity Report or Ag Module plan number)

Hydrologic Unit Code(s)					Total Plan Acres
Acres					

ENHANCED NITROGEN MANAGEMENT TOOLS:

DOES THE FARMER DO ANY OF THE FOLLOWING FOR IMPROVED NITROGEN (N) MANAGEMENT:

N 1. Apply Nitrogen fertilizer by variable or zone application rate

Yes acres _____ No

N 2. Split sidedress applications (2 or more) of N on corn, cotton

Yes acres: _____ No

N 3. Inject N

Yes acres: _____ No

N 4. Band N at planting

Yes acres: _____ No

N 5. Incorporate broadcast N

Yes acres: _____ No

N 6. Small Grain Split Spring Topdress Applications (2 or more)

Yes acres: _____ No

N 7. Taken and followed recommendations for following tests:

N 7a. PSNT

Yes acres: _____ No

N 7b. CSNT

Yes acres: _____ No

N 7c. Fall Soil Nitrate Samples before Small Grain planting

Yes acres: _____ No

N 8. Apply N at less than plan recommended rate, on any crop

Yes acres: _____ No

COMPLETE FOR ANIMAL OPERATIONS ONLY

N 9. Manure Test(s) are one year old or less

Date: ____/____/____

Yes acres: _____ No

ENHANCED PHOSPHORUS MANAGEMENT TOOLS

DOES THE FARMER DO ANY OF THE FOLLOWING FOR IMPROVED PHOSPHORUS MANAGEMENT:

P 1. Apply Phosphorus fertilizer by variable or zone application rate

Yes acres _____ No

P 2. Follows recommendations of the Environmental Threshold

Yes acres: _____ No

P 3. Follows recommendations of the P-Index

Yes acres: _____ No

P 4. Split application (2 or more) of P

Yes acres: _____ No

P 5. Inject P

Yes acres: _____ No

P 6. Band P at planting

Yes acres: _____ No

P 7. Incorporate broadcast P

Yes acres: _____ No

P 8. Apply less P than the plan recommends

Yes acres: _____ No

P 9. Soil Tests are one year old or less Date: ____/____/____

Yes Acres: _____ No

COMPLETE FOR ANIMAL OPERATIONS ONLY

P 10. Manure Test are one year old or less

Date: ____/____/____

Yes Acres: _____ No

P 11. Farm has been evaluated considering Whole Farm Phosphorus Balance

Yes acres: _____ No

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE ENHANCED BMP ACRES ARE CORRECT.

Planner's Signature: _____ Date: ____/____/____