



The form which follows is a sample only. To obtain an official copy of this form, please contact the Division of Soil and Water Conservation at:

600 E. Main St., 24th Floor  
Richmond, Virginia 23219  
804.786.2064

**NUTRIENT APPLICATION FIELD RECORD SHEET**

Field Name: \_\_\_\_\_ FSA Farm #: \_\_\_\_\_ FSA Tract #: \_\_\_\_\_ FSA Field #(s): \_\_\_\_\_

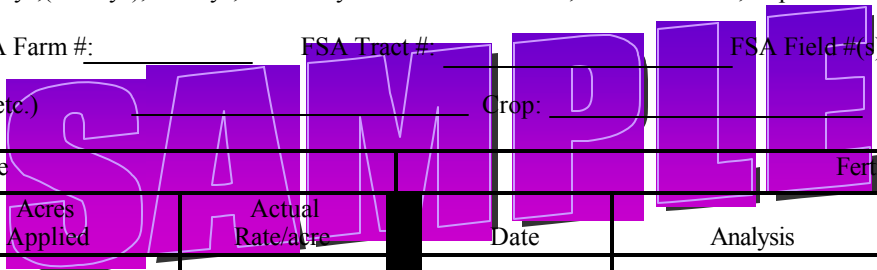
Manure Type: (poultry, liquid dairy, swine, etc.) \_\_\_\_\_ Crop: \_\_\_\_\_ Acres: \_\_\_\_\_

Manure				Fertilizer/Lime			
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method <sup>2</sup>

1 Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

Field Name: \_\_\_\_\_ FSA Farm #: \_\_\_\_\_ FSA Tract #: \_\_\_\_\_ FSA Field #(s): \_\_\_\_\_

Manure Type: (poultry, liquid dairy, swine, etc.) \_\_\_\_\_ Crop: \_\_\_\_\_ Acres: \_\_\_\_\_



Manure				Fertilizer/Lime			
Date	Incorporation <sup>2</sup> Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method <sup>2</sup>

1 Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days      2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NUTRIENT APPLICATION FIELD RECORD SHEET**

Field Name: bottom FSA Farm #: 213 FSA Tract #: 5431 FSA Field #(s): 5

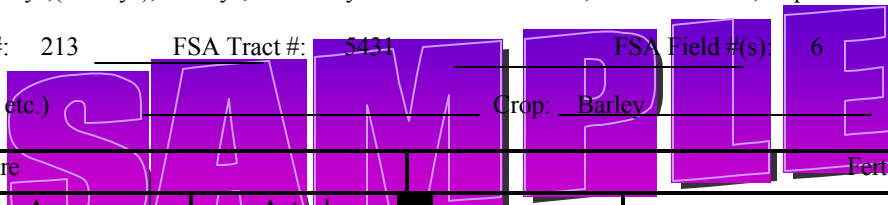
Manure Type: (poultry, liquid dairy, swine, etc.) liquid dairy Crop: Corn Acres: 10

Manure				Fertilizer/Lime			
Date	Incorporation <sup>1</sup> Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method <sup>2</sup>
5/1/2006	>7 days	5 west end	7,200 gal.	5/13/2006	4-6-12	500 lbs/ac.	BR
5/2/2006	>7 days	5 east end	6,000 gal.	6/25/2006	46-0-0	195 lbs.	SD

1 Incorporation: Immediate, greater than two days,(>2 days), >4 days, or > 7 days      2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

Field Name: Front FSA Farm #: 213 FSA Tract #: 5431 FSA Field #(s): 6

Manure Type: (poultry, liquid dairy, swine, etc.)   Crop: Barley Acres: 40



Manure				Fertilizer/Lime			
Date	Incorporation <sup>2</sup> Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method <sup>2</sup>
10/1/2006	> 2 days	10	6,000	9/22/2006	Dolomitic Limestone	2 Tons	BR
				2/21/2006	30% Solution N	30 lbs. N	SD

1 Incorporation: Immediate, greater than two days,(>2 days), >4 days, or > 7 days      2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD

I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date