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| DARM-BLWR-033 (rev 09/2025) |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection*Division of Agricultural Resource Management*Bureau of Land and Water ResourcesPO Box 8911, Madison, WI 53708-8911 Phone: (608) 224-4605 |
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| NUTRIENT MANAGEMENT CHECKLIST |
| *Use this form to check nutrient management (NM) plans for compliance with the WI NRCS 2015-590 Standard. Personally identifiable information provided may be used for purposes other than for which it is originally being collected. Wis. Stat. § 15.04(1)(m).**Wis. Admin. Code ATCP § 50.04(3) and ch. 51* |
| COUNTY(IES):      | DATE PLAN SUBMITTED:      | GROWING SEASON YEAR PLAN IS WRITTEN FOR (*from harvest to harvest)*:      |
| TOWNSHIP:T.       N. | RANGE:R.       E., W | Check one: [ ]  Initial Plan [ ]  Updated Plan |
| NAME OF FARM OPERATOR RECEIVING NM PLAN:First Name LastName | FARM NAME (OPTIONAL):      | BUSINESS PHONE:(   )     -      |
| STREET ADDRESS:       | CITY:      | STATE:   | ZIP CODE:      |
| REASON THE PLAN WAS DEVELOPED *(multiple reasons may apply, select all that apply)*: |
| [ ]  Ordinance | [ ]  NR 243 WPDES or NOD | [ ]  DATCP-FP or cost share (cs) | [ ]  DNR-cs | [ ]  USDA-cs | [ ]  Other |
| CROPLAND ACRES (OWNED & RENTED) BY COUNTY: |  |
| COUNTY: **Choose an item.** ACRES:       COUNTY: **Choose an item.** ACRES:       COUNTY: **Choose an item.** ACRES:       COUNTY: **Choose an item.** ACRES:         | Total Acres Covered by NMP:      Cropland Acres Owned:      Agreement or Rented Acres:      Total Spreadable Acres:       |
| RENTED FARM(S) LANDOWNER NAME(S) AND ACREAGE (*add sheet(s) if needed)*:      |
| Was the plan written in SnapPlus? | [ ]  Yes | [ ]  No | If yes, which software version, if known?      |
| CHECK PLANNER’S QUALIFICATION (1*. NAICC-CPCC, 2. ASA-CCA, 3. SSSA-CPSS, 4. DATCP approved training course, 5. Other approved by DATCP*):**Choose an item.** |
| CERTIFICATION OR LICENSE NUMBER:       |
| NAME OF QUALIFIED NUTRIENT MANAGEMENT PLANNER:First Name Last Name | BUSINESS PHONE: (   )     -      |
| STREET ADDRESS:       | CITY:      | STATE:   | ZIP CODE:      |

***Use black header sections to add comments. Mark N/A in the shaded sections if no manure is applied.***

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| 1. Does the plan include the following nutrient application requirements to protect surface and groundwater? Comments:       |
| *This section applies to fields and pastures. If no manure is applied, check N/A for 1.c., 1.h., 1.i., 1.n., 1.o., 1.q., 1.s.*  | Yes | No | N/A |
| a. Determine field nutrient levels from soil samples analyzed by a DATCP-**certified laboratory**.  |[ ] [ ] [ ]
| b. For fields or pastures with mechanical nutrient applications, determine field nutrient levels from **soil samples** collected within the last **four  years** according to 590 Standard (590) and UWEX Pub. A2809*, Nutrient Application Guidelines for* Field, Vegetable, and Fruit Crops in  Wisconsin (A2809) typically collecting **one sample** **per 5 acres** of 10 cores. Soil tests are not required on **pastures** that do not receive  mechanical applications of nutrients if either of the following applies:  1. The pasture average stocking rate is one animal unit per acre or less at all times during the grazing season.  2. The pasture is winter grazed or stocked at an average stocking rate of more than one animal unit per acre during the grazing season,  and a nutrient management plan for the pasture complies with 590 using an assumed soil test phosphorus level of 150 PPM and  organic matter content of 6%. | [ ]  | [ ]  | [ ]  |

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|  | Yes | No | N/A |
| c. For **livestock siting permit approval**, collect and analyze soil samples meeting the requirements above in 1. b., excluding pastures,  within 12 months of approval and revise the nutrient management plan accordingly. Until then, either option below maybe used:  1. Assume soil test phosphorus levels are greater than 100 ppm soil test P; OR  2. Use preliminary estimates analyzed by a certified DATCP laboratory with soil samples representing > 5 ac/sample. |[ ] [ ] [ ]
| d. **Identify all fields’** name, boundary, acres, and location. |[ ] [ ] [ ]
| e. Use the field’s previous year’s legume credit and/or applications, predominant soil series, and realistic yield goals to determine the crop’s  nutrient **application** **rates consistent with A2809 for ALL forms of N, P, and K**. |[ ] [ ] [ ]
| f. Make no **winter applications of N and P** fertilizer, except on grass pastures and winter grains. |[ ] [ ] [ ]
| g. Document method used to determine **application** **rates**. Nutrients shall not runoff during or immediately after application. |[ ] [ ] [ ]
| h. Identify in the plan that **adequate acreage** is available for manure produced and/or applied. |[ ] [ ] [ ]
| i. Apply a single phosphorus (P) assessment using either the **P Index** or **soil test P** management strategy to all fields within a tract when  fields receive manure or organic by-products during the crop rotation.  |[ ] [ ] [ ]
| j. Use **complete crop rotations** and the field’s **critical soil** series to determine that sheet and rill erosion estimates will not exceed  **tolerable soil loss** (T) rates on fields that receive nutrients. |[ ] [ ] [ ]
| k. Use contours; reduce tillage; adjust the crop rotation; or implement other practices to **prevent ephemeral erosion**; and maintain  perennial vegetative cover to **prevent reoccurring gullies** in areas of concentrated flow.  |[ ] [ ] [ ]
| l. Make no nutrient applications within 8 feet of **irrigation** wells or where **vegetation is not removed**. |[ ] [ ] [ ]
| m. Make no nutrient applications within **50 feet of all direct conduits to groundwater**, unless directly deposited by gleaning/pasturing animals or applied as starter fertilizer to corn.  |[ ] [ ] [ ]
| n. Make no **untreated manure applications** to areas within 1,000 feet of a **community potable water well** or within 100 feet of a **non-community potable** **water well** (ex. church, school, restaurant) unless manure is treated to substantially eliminate pathogens. |[ ] [ ] [ ]
| o. Make no manure applications to areas **locally delineated** by the Land Conservation Committee or in a conservation plan as areas  contributing runoff to direct conduits to groundwater unless manure is substantially buried within 24 hours of application. |[ ] [ ] [ ]
| p. Make no applications of late summer or fall commercial N fertilizer to the following areas UNLESS needed for establishment of fall  seeded crops OR to meet A2809 with a blended commercial fertilizer. Commercial fertilizer N applications shall not exceed 36 lbs. N/acre  on: * Sites vulnerable to N leaching PRW Soils (P=high permeability, R= bedrock < 20 inches, or W= wet < 12 inches to apparent water table);
* Soils with depths of 5 feet or less to bedrock;
* Area within 1,000 feet of a community potable water well.

 On P soils, when **commercial** N is applied for full season crops in **spring and summer**, follow A2809 and apply one of the following: 1. A split or delayed N application to apply a majority of crop N requirement after crop establishment.
2. Use a nitrification inhibitor with ammonium forms of N.
3. Use slow and controlled release fertilizers for a majority of the crop N requirement applied near the time of planting.
 |[ ] [ ] [ ]
| q. Limit manure applications in late summer or fall using the lesser of A2809 or the following 590 rates on PRW Soils. Use ≤ 120 lbs. available N/acre on:  P and R soils on all crops, except annual crops. Additionally, manure with ≤ 4% dry matter (DM) wait until after soil temp. < 50°F or Oct.  1 and use either a nitrification inhibitor OR surface apply and do not incorporate for at least three days. W soils or combo. W soils on all crops. Additionally, manure with ≤ 4% DM on all crops use at least one of the following: **1.** Use a  nitrification inhibitor; 2. Apply on an established cover crop, an overwintering annual, or perennial crop; **3**. Establish a cover crop within 14  days of application; **4**. Surface apply and don’t incorporate for at least three days; 5. Wait until after soil temp. < 50°F or Oct. 1.Use ≤ 90 lbs. available N/acre on:  P and R soils on annual crops wait until after soil temp. < 50°F or Oct. 1. Additionally, manure with ≤ 4% DM use either a nitrification  inhibitor OR surface apply and do not incorporate for at least three days.  W soils or combination W soils receiving manure with ≤ 4% DM on all crops. |[ ] [ ] [ ]
| r. Use at least one of the following practices on **non-frozen soils for all nutrient applications** within Surface Water Quality Management  Area (SWQMA) = 1000 feet of lakes/ponds or 300 feet of rivers: 1. Maintain > 30% cover after nutrient application; 2. Effective  incorporation within 72 hours of application; 3. Establish crops prior to, at, or promptly following application; 4. Install/maintain vegetative  buffers or filter strips; **5**. Have at least three consecutive years no-till for applications to fields with < 30% residue (silage) and apply  nutrients within seven days of planting. |[ ] [ ] [ ]
| s. Limit mechanical applications to 12,000 gals/acre of unincorporated liquid manure or organic by-products with 11% or less dry  matter where subsurface drainage is present OR within SWQMA. Wait a minimum of seven days between sequential applications AND  use one or more of the practice options on non-frozen soils listed in 1.r.1. through 1.r.5.  |[ ] [ ] [ ]

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| 2. When frozen or snow-covered soils prevent effective incorporation, does the plan follow these requirements for winter applications of all  mechanically applied manure or organic by-products? This section doesn’t apply to winter gleaning/pasturing meeting 590 N and P  requirements.  **Comments:** |
| *If no manure is applied, check NA for 2.a. through 2.g..* | Yes | No | N/A |
| a. Identify **manure quantities planned to be spread during the winter**, or the amount of manure generated in 14 days, whichever is  greater. For daily haul systems, assume 1/3 of the manure produced annually will need to be winter applied. |[ ] [ ] [ ]
| b. Identify **manure storage capacity** for each type applied and stacking capacity for manure ≥ 16% DM if permanent storage does not exist. |[ ] [ ] [ ]
| c. Show on map and make no applications within the **SWQMA**. |[ ] [ ] [ ]
| d. Show on map and make no surface applications of liquid manure during **February and March** where **Silurian dolomite** is within 60  inches of the soils surface OR where **DNR Well Compensation** funds provided replacement water supplies for wells contaminated with  livestock manure. |[ ] [ ] [ ]
| e. Show on map and make no applications of manure within **300 feet** of **direct conduits to groundwater**.  |[ ] [ ] [ ]
| f. Do not exceed the P removal of the following growing season’s crop when applying manure. Liquid manure applications are limited to  **7,000 g/acre**. All winter manure applications are not to exceed **60 lbs. of P2O5/acre**. |[ ] [ ] [ ]
| g. Make no applications of manure to fields with **concentrated flow channels** unless using two of the following:  1. Contour buffer strips or contour strip cropping 2. Leave all crop residue and no fall tillage **3.** Apply manure in intermittent strips on no more than 50% of field 4. Apply manure on no more than 25% of the field waiting a minimum of 14 days between applications 5. Reduce manure app. rate to 3,500 gal. or 30 lbs. P2O5, whichever is less 6. No manure application within 200 feet of all concentrated flow channels 7. Fall tillage is on the contour and slopes are lower than 6% Make no applications to **slopes greater than 6%** (soil map units with C, D, E, and F slopes) unless the plan documents that no other  accessible fields are available for winter spreading AND two of the options 2.g.1. through 2.g.5. are used.  |[ ] [ ] [ ]
| SIGNATURE |
| I certify that the plan represented by the answers on this checklist complies with Wisconsin’s NRCS 2015-590 NM Standard or is otherwise noted.  |
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| Qualified NM planner signature (*NAICC-Certified Professional Crop Consultant, ASA-Certified Crop Adviser, or SSSA-Soil Scientist)* Date |
|        |       |  |        |       |
| Signature of qualified NM farmer-planner or authorized farm operator Date*(receiving and understanding the plan)* | Signature *(if reviewed for quality assurance)* Date |