USDA
NRCS

Nutrient Management – 590

KS-ECS-590
7/03

Name: _____ Date: _____ Ident. No.: _____

Legal Desc.: _____ Field No.: _____ County: _____

Predominant soil type: _____

Tillage system: _____

Irrigated: ☐ YES ☐ NO

Acres: _____

Crop: _____

Yield goal: _____

Previous crop: _____

Previous yield: _____

Next crop: _____

Next yield: _____

Planned crop rotation: _____

Soil test information:

Soil texture: _____
Soil OM: _____

Soil pH: _____
Buffer pH: _____

CEC: _____ meq/100gm
Soil EC: _____ mmhos/cm

Soil sample date: _____

Surface sample depth: _____ inches
Profile soil depth: _____ inches

Surface profile NO_3-N: _____ lb/ac ppm
Profile NO_3-N: _____ lb/ac ppm

Bray ☐ Mehlich ☐ Olsen P ☐
(check one) _____ ppm

Exchange K: _____ ppm

Sulfur: _____ lb/ac ppm
Zn-DTPA: _____ ppm

Profile Cl: _____ lb/ac ppm
Other: _____

Other: _____
Other: _____

(Legend: OM=organic matter; CEC=cation capacity; EC=electroconductivity; NO_3-N=nitrate nitrogen; K=potassium; Cl=chloride; P=phosphorus; Zn-DTPA=trisodium zinc diethylenetriaminepentaacetate; lb=pound; gm=gram; cm=centimeter; ppm=parts per million; meq=milliequivalents; mmhos=millimhos)

Environmental risk assessment:

Y	N	
☐	☐	P total maximum daily load (TDML) area
☐	☐	Kansas Geological Survey ground water sensitive area
☐	☐	P soil test greater than 50 ppm Bray 1/Mehlich III
☐	☐	Irrigated field
☐	☐	Adjacent to homes, buildings, etc.
☐	☐	Shallow water tables (less than 10 feet deep)
☐	☐	Water well in field
☐	☐	Wellhead setback
☐	☐	Stream setbacks
☐	☐	Adjacent to intermittent/perennial stream (less than 300 feet)
☐	☐	Flood frequency class (occasional or greater)
☐	☐	Buffer strips present
☐	☐	Sheet/rill erosion concerns
☐	☐	Gully erosion concerns
☐	☐	Stream bank erosion concerns
☐	☐	Other environmental concerns (detail in producer long-term objectives)

Environmental management indicators:

RUSLE soil erosion: _____ ton/acre
Phosphorus index (if needed) _____
Leaching index: (check one)

☐ High ☐ Medium ☐ Low

Manure application: (check one)

☐ None
☐ Incorporated _____ days after application
☐ Unincorporated
☐ Subsurface injected
☐ Irrigation system _____
☐ Other _____

Suggested best management practices: (Use arrow key to advance to next line.)

Producer long-term nutrient objectives: (Use arrow key to advance to next line.)

Overall conservation plan objectives: (Use arrow key to advance to next line.)

Table 1: Crop Nutrient Requirements, Timing, and Sources

To activate this table, open and save Form KS-ECS-590wksht.xls to the hard drive of your personal computer. Double click the table to enter values. Position the table and click outside the table to exit and save entries.

			N	P_2O_5	K_2O	S	Zn	Cl	Other	Lime
			lbs/acre							t/a ECCE
Total Nutrient Requirement										
			Nutrient Credits							
Profile Nitrate-N, chloride, sulfur										
Soil organic matter										
Previous crop adjustment										
Irrigation water										
Manure (from attached work sheet)										
Tillage										
Other										
			0	0	0	0	0	0	0	0
Planned Nutrient Application										
	Source/Material	Actual								
Planting/starter										
Broadcast - surface										
Broadcast - incorporated										
Knife - preplant										
Sidedress										
Top dress										
Irrigation										
Irrigation										
Other										
Other										
Total Nutrients Supplied			0	0	0	0	0	0	0	0

Legend: N=nitrogen; P_2O_5=phosphorus K_2O=potassium S=sulfur; Zn=zinc; Cl=chloride; lbs=pounds; t/a=tons per acre; ECCE=effective calcium carbonate equivalent

Location map: Import ArcView image, reference conservation plan map, or provide a sketch denoting field boundary, field number, land use, acres, and scale used.

N

Scale: _____

Nutrient Management Plan Design

This plan meets the standards established by the NRCS

_____ _____
Technical Service Provider Date

This NMP has been discussed with me, and I agree with the design

_____ _____
Producer Date

Producer Statement - Nutrient Management Plan Implementation

I have implemented the NMP detailed above with no changes. C**hanges in the NMP are not allowed without technical service provider approval ..**

_____ _____
Producer Date

NRCS Reimbursement Approval

The producer has certified the implementation of this NMP and is now eligible for NMP cost share

_____ _____
Signature Date