

Comprehensive Nutrient Management Plan Checklist

County: _____ Date Plan Submitted: _____ CNMP plan is written for _____
 (Crop Year or Calendar Year)

Producer/Owner Name, Address & Phone Number Farm #(s) _____ Tract #(s) _____ Field #(s) _____ Cropland Acres _____	Circle relevant program(s): AFO Strategy, IDNR, NPDES Permit USDA – EQIP, 319 Grant, other _____
Name of CNMP planner(s) and section(s) planned: 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	Certified conservation planner: _____ _____

Comprehensive Nutrient Management Plan (CNMP)	Yes	No	Location in plan/Comments
1. <u>Manure & Wastewater Handling and Storage</u> a. Adequate collection? } That allows application during favorable weather b. Adequate storage? } conditions and at times compatible w/ crop c. Adequate treatment? } management. d. Manure storage capacity: Number of days _____ e. Waste water from on farm processes (such as manure, egg and milk)? f. Type and quantity of waste to be utilized calculated? g. Is clean water excluded, unless needed for treatment? (e.g. gutters on roofs) h. Dead animal disposal addressed? i. Biosecurity plan? j. Emergency Action Plan(s) included? k. Visual resource management considered? l. Are operation and maintenance (O & M) practices/activities identified?	a.* b.* c. d.* e.* f.* g.* h.* i. j. k. l.*		
2. <u>Land Treatment Practices</u> a. Aerial site photographs, maps or equivalent of livestock operation (storage, handling, hauling)? b. Soil map w/ features and limitations or equivalent? c. Photos indicate property/field boundaries (field #s correspond to FSA)? d. Fields/areas with manure spreading restrictions identified? e. Environmentally sensitive areas identified, located, documented and discussed with producer? Check Iowa Master Matrix for operation. (If required by the county the operation is in) f. Conservation practices and management activities needed for erosion control and water management identified? g. Nitrogen, phosphorus, pathogen and odor off-site transport potential identified? h. Identification of operation and maintenance (O&M) practices/activities? i. Is site within area ID as impaired waterbodies?	a.* b.* c.* d.* e.* f.* g.* h.* i.		
3. <u>Nutrient Management Plan</u> a. Previous, current and/or planned crops rotations indicated? b. Soil test reports from approved lab http://www.agriculture.state.ia.us/certlabs.htm ? ▪ All fields tested within the last four years? (list dates) ▪ Soil test field ID corresponds to plan field map ID? ▪ LSNT tests? (if applicable) c. Plant tissue test analysis and fall N stalk test report (if applicable)? d. Realistic crop yield potentials & a description of how they were identified?	a.* b.* c. d.*		

Quantification from all Nutrient Sources			
e. Complete nutrient budget (balance sheet) for N, P & K developed?	e.*		
f. Legume and manure credits included in crop budget?	f.*		
<ul style="list-style-type: none"> ▪ Manure analysis completed and used to applying manure nutrients. Book values used for planning purposes only. ▪ Minimum acres needed for waste spreading calculated? ▪ Manure application rates and spreading sites indicated? ▪ Phosphorus Risk Assessment (PI) ▪ If book values used has adjustment been made for wet/dry feed. 			
g. Additional fertilizer needs are indicated? (based on Iowa State University Fertilizer Guide recommendations - PM 1688 [Rev. 11, 2002])	g.*		
h. Plan includes all phases of nutrient application, including the location, rate, form, method, and timing for manure and commercial nutrient sources?	h.*		
i. Nutrient application equipment calibration completed?	i.*		
j. Client is compliant with all local, state, and federal rules relating to spreading and/or incorporation of manure?	j.*		
4. <u>Record of CNMP Implementation</u>			
a. Table of contents (or equivalent) included in plan/record keeping?	a.		
b. Record keeping system uses FSA tract and field numbers?	b.		
c. Record keeping system uses Iowa NRCS Nutrient Management Standard (590) components listed under Plans and Specification?	c.*		
d. Record keeping system uses Iowa DNR Manure Application Record?	d.*		
e. Plan includes implementation calendar?	e.		
5. <u>Inputs to Animals – Feed Management (optional – as needed)</u>			
a. Phase feeding?	a.		
b. Amino acid supplemented low crude protein diet?	b.		
c. Low phytate grain?	c.		
d. Enzymes (such as phytase)?	d.		
e. Other animal diet and/or feed additives/modifications?	e.		
6. <u>Other Utilization Options (optional – as needed)</u>			
a. Transport and safe use off-site (as appropriate)	a.		
b. Power generation	b.		
c. Conversion to high-value product (such as compost or fertilizer)	c.		
d. Soil Conditioning	d.		
e. Off-site use must include appropriate signed agreements	e.		
7. <u>Additional items</u>			
a. Is “CNMP Signature Page” included?	a.*		
b. Annual accomplishment report and checklist for meeting minimum standards of waste utilization plan included and signed? (required for incentive payment/cost share)	b.		

(*) Required for minimum plan. If “no”, explain why and include action plan for correction in comments.
 Comments (continue on back as needed)

This Comprehensive Nutrient Management Plan was developed based on the requirements of the current NRCS Nutrient Management Standard (590) dated November 2006, 180-VI-National Planning Procedures Handbook Amendment 4 March 2003, and applicable federal, state, or local regulations or policies and that changes in any of these requirements may necessitate a revision of the plan.

Practice (does) (does not) meet minimum standards & specifications for a CNMP.

CNMP Signature Page

OWNER/OPERATOR:	
Address & Phone:	
Farm Service Agency Farm & Tract No.	

The following people have assisted with the development of the CNMP and certify that their element meets all applicable NRCS standards.

Manure and Wastewater Handling and Storage

Signature:	Date:
Name:	
Title:	

Nutrient Management

Signature:	Date:
Name:	
Title:	

Land Treatment Practices

Signature:	Date:
Name:	
Title:	

Feed Management (Optional Section)

Signature:	Date:
Name:	
Title:	

Certified Conservation Planner

As a Certified Conservation Planner, I certify that I have reviewed this plan and have determined that it contains the necessary elements as per the CNMP checklist. The planned components of the plan appear to be in conformance with NRCS standards and specifications and meet the soil and water Quality Criteria of Section III of the FOTG.	
Signature: _____	Date: _____

Owner/Operator

As the owner/operator, I certify that I, as the decision-maker, have been involved in the planning process and agree the items/practices listed in each element are needed. I understand that I am responsible for keeping all necessary records associated with the implementation of this CNMP. It is my intent to implement/accomplish this CNMP in a timely manner as described in the plan.	
Signature: _____	Date: _____