

Job Sheet 590b

December 2012

EQIP NUTRIENT MANAGEMENT ACTIVITIES SCHEDULE AND CERTIFICATION

Producer Name _____

Plan Date _____

Crop Year _____

1. Complete Farm Inventory by:
(Forms [MN-CPA 40](#), [41](#), [42](#), and [43](#) or equivalent)
2. Calculate Realistic Yield Goals by:
3. Complete soil sampling and analysis by:
4. Complete manure sampling and analysis by:
5. Calibrate application equipment by:
6. Begin keeping field specific records by:
7. Develop Conservation Activity Plan ([CAP 104](#)) by:
8. Follow all commercial fertilizer and manure application form, timing, placement and incorporation requirements as listed on Attachment A of the MN Nutrient Management Supplement for Practice Standard 590.

Scheduled Date:	Assisted By:	Completed Date:

I certify that ALL activities listed above have been completed according to NRCS guidance.

Producer Signature _____

Date _____

I certify that activities listed above have been completed to the best of my knowledge as presented to me by the aforementioned producer.

TSP Signature _____

Date _____