# NUTRIENT BUDGET RECORD

**MUST BE COMPLETED AND SIGNED BEFORE THE FIRST NUTRIENT APPLICATION OF THIS CROP INTERVAL**

*Complete one form per field or management unit | LSCP Compliance Record*

## 1. FIELD IDENTIFICATION

Crop Interval Specification

| PRODUCER / FARM NAME | FIELD OR MANAGEMENT UNIT ID | UNIT ACRES |
|---|---|---|
| | | |
| **CROP** | **CROP YEAR** | **YIELD GOAL (BU/AC)** |
| | | |

## 2. BASIS OF THE BUDGET

Check ONE (if based on soil test, results must be no older than 2 years)

☐ **Soil Test**

LAB: _____ SAMPLE DATE: _____

N: _____ ppm P: _____ ppm K: _____ ppm

☐ **Agricultural Expert Opinion**

NAME: _____

AFFILIATION: _____ ☐ **Confirm Unrelated**

## 3. PLANNED NUTRIENT BUDGET (LB/AC)

All Known, Measurable Sources

| Source | Analysis / Test Value | Rate / ac | Unit | Avail. % Credited | lb N / ac | lb $P_2O_5$ / ac | lb $K_2O$ / ac |
|---|---|---|---|---|---|---|---|
| **Commercial fertilizer** (planned) | | | | | | | |
| **Manure** (type: _____) | | | | | | | |
| **Legume / cover-crop N credit** | | | | | | | |
| **Previous crop / residue credit** | | | | | | | |
| **Residual soil N** (nitrate test) | | | | | | | |
| **Compost / biosolids / digestate** | | | | | | | |
| **Irrigation water** | | | | | | | |
| **Other:** | | | | | | | |
| **TOTAL BUDGETED** (this crop interval) | | | | | | | |

** If manure is used, the lab test must be collected during THIS crop interval; planned rate may not exceed the budget above (2100.062).*

| MANURE TYPE | SAMPLE DATE | LAB / TEST METHOD | PLANNED RATE / AC | NUTRIENT VALUES & UNIT |
|---|---|---|---|---|
| | | | | N: ____ P: ____ K: ____ ☐ 1,000 gal ☐ 1,000 ton |

## 4. PRODUCER CERTIFICATION

Sign BEFORE the first application

I have operational control of this management unit. This nutrient budget was developed and documented before any nutrient was applied for the crop shown above, and is based on the soil test or Agricultural Expert opinion identified in Section 2. Manure will not be applied above the rate budgeted in Section 3. I will keep this form and its supporting records (soil test, manure test, receipts) for 5 years and make them available to a third-party verifier. (7 CFR 2100.031, 2100.063)

**PRODUCER SIGNATURE** _____ **DATE SIGNED** _____

**ADVISOR SIGNATURE** (if based on Expert opinion) _____ **CERTIFICATION NUMBER** _____ **DATE SIGNED** _____

## 5. STATEMENT FROM ADVISOR

If budget basis is Agricultural Expert opinion, the Advisor must provide a statement of support

**LSCP Recordkeeping:** Keep this form with your soil/manure test and nutrient receipts for 5 years.