



MANURE / FERTILIZER RECOMMENDATIONS

NAME (FARMER/OPERATOR):

ADDRESS:

CITY

ZIP:

PHONE:

CROP YEAR:

DATE PLAN PREPARED:

COUNTY:

TRACT NO./ FARM NAME	FIELD NO.	ACRES	CROP	YIELD GOAL (BU/A) OR (T/A)	PLANT NUTRIENTS NEEDED N-P ₂ O ₅ -K ₂ O (lb/A)	NITROGEN CREDITS (lb/A)			NUTRIENT SOURCES TO BE APPLIED						
						PAST LEGUME N	PAST MANURE N	PAST SLUDGE N	MANURE					COMMER-CIAL FERTILI-ZER N-P ₂ O ₅ -K ₂ O (lb/A)	LIME T/A
									MANURE TYPE	MIN. RATE	APPLIC. RATE (T/A or gal/A) *	ORGANIC WASTE APPLIC. BASIS	AVAILABLE N-P ₂ O ₅ -K ₂ O (lb/A)		

*DAYS TO INCORPORATION OF ORGANIC NUTRIENT SOURCES

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