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 | Siouxland Ethanol Compliance Record

SIOUXLAND ETHANOL LLC

1. FIELD IDENTIFICATION

Crop Interval Specification

PRODUCER / FARMNAME	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

Ihave operational control of thismanagement 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