ACES/AU Form R-2 **Litter/Dry-Manure Solids/Nutrient Field Application Record** **Field #: _____**

One Form for Each Field Per Crop Cycle **Beginning ____/____/____**

Farm Operation Name _____ CAFO # _____ Animal Species _____

Farm Operator _____ Spreader Operator _____ Type Manure Solids_____

From Nutrient Management Portion of WMSP, CNMP, DATED _____/_____/_____:

Field Spreadable Acres (A): _____ (SEE Attached Field Map W/Borders, Buffers, Etc)

Crop: _____ Date Planted: ____/____/_____ Soil Test Date: _____/_____/_____ (SEE ATTACHED REPORT)

Harvest Dates: _____ ; _____ ; _____

Harvest Amounts: _____ ; _____ ; _____ P Index: _____ (SEE ATTACHED P INDEX)

Soil Fertilization Recommendations (B) (lbs./acre/yr.): N: ____ P_2O_5: _____ K_2O: _____

MANURE PLAN APPLICATION RATE (TONS/ACRE): _____

(1) Date	(2) 72 HOUR WEATHER FORECAST	(3) Nutrient Source[1]	(4) # of Loads Per Field	(5) Weight Per Load[2] (tons)	(6) Total Weight (tons) (4) x (5)	(7) Weight Per Acre (tons/ac) (6) / (A)	(8) Nutrient Analysis[3] (lb/ton) N-P_2O_5-K_2O	(9) Nutrient Applied (lb/ac) N-P_2O_5-K_2O (7) x (8)	(10) Nutrient Balance[4] (lb/ac) N-P_2O_5-K_2O (B) – (9)

Crop Cycle Totals - (ton/acre) _____: lb./acre (N)_____(P_2O_5) _____ (K_2O) _____

Owner's Signature _____ Vendor's Signature _____

Certified Animal Waste Vendor (Print) _____ CAWV # _____

[1]litter, compost, fertilizer, etc [2]Calibrate manure spreader at least once/year and record [3]Approved book value or SAMPLE as required
[4]Value received by subtracting column (9) from (B). Continue subtracting column (9) from column (10) following each application event.