



# 2025

## Nutrient Management Annual Implementation Report

Due March 1, 2026

For Field Office Use

1. County \_\_\_\_\_ 2. MDA Operator Number \_\_\_\_\_

3. Operator/Owner Legal Name Last \_\_\_\_\_ Suffix \_\_\_\_\_  
First \_\_\_\_\_ Middle Int. \_\_\_\_\_

For HQ Use

4. Farm/Operation Name \_\_\_\_\_

5. Mailing Address \_\_\_\_\_

6. City \_\_\_\_\_ 7. State \_\_\_\_\_ 8. Zip \_\_\_\_\_

9. E-Mail address \_\_\_\_\_

10. Telephone Number(s) Office \_\_\_\_\_ Home \_\_\_\_\_  
Cell \_\_\_\_\_

### 11. \_\_\_\_\_ Total Farmed Acres including Pastures

### 12. Operation Type (Check all that apply)

- Crop Production
- Hay / Pasture
- Nursery/Greenhouse
- Organic
- Animal
- No-Land (0 Managed Acres)
- Other \_\_\_\_\_

### 13. Account ID updates - List changes to Account ID's, and check if added or deleted from operation since your previous AIR report. Attach additional pages if needed.

No change of account ID(s)

Added Deleted

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 14. Nutrient Sources Used (Check all that apply)

- Commercial Fertilizers
- Biosolids/Sewage Sludge
- Animal Manure
- Food Waste
- Other \_\_\_\_\_

### Nutrient Management Consultant and Plan Information

15. Name of Nutrient Management Plan Writer: \_\_\_\_\_

16. Certificate # \_\_\_\_\_

17. License # \_\_\_\_\_

18. Date NM Plan Written: \_\_\_\_/\_\_\_\_/\_\_\_\_

19. Date NM Plan Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

20. \_\_\_\_\_ Total Acres of animal manure recommended for land application by the nutrient management plan.

**Animals other than poultry**  Check if None.

21. Number of head during 2025.

- \_\_\_\_\_ Beef, cows and bulls
- \_\_\_\_\_ Beef, feeder cattle (500 lbs and over)
- \_\_\_\_\_ Beef, young stock (less than 500 lbs)
- \_\_\_\_\_ Dairy, cows
- \_\_\_\_\_ Dairy, heifers
- \_\_\_\_\_ Dairy, calves
- \_\_\_\_\_ Swine, sows and boars
- \_\_\_\_\_ Swine, growers
- \_\_\_\_\_ Sheep
- \_\_\_\_\_ Goats
- \_\_\_\_\_ Horses
- \_\_\_\_\_ Other \_\_\_\_\_

## Crop Production

22. \_\_\_\_\_ Acres under conservation tillage with 30%-59% residue coverage at planting.

23. \_\_\_\_\_ Acres under conservation tillage with 60% or more residue coverage at planting.

24. \_\_\_\_\_ Acres of crop land under irrigation.

## Nursery / Greenhouse

25. \_\_\_\_\_ Acres/sq.ft. Container nursery/ greenhouse irrigation runoff and leachate capture and reuse.

## Poultry

### 26. Poultry (in 1,000s per flock)

\_\_\_\_\_ Broilers/Roasters \_\_\_\_\_ Pullets  
\_\_\_\_\_ Layers \_\_\_\_\_ Turkeys

27. \_\_\_\_\_ Number of Flocks per year

### 28. Poultry Integrator:

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29. \_\_\_\_\_ Number of Poultry Houses

30. \_\_\_\_\_ Total sq.ft. of all poultry houses

## Poultry Litter

31. \_\_\_\_\_ Tons Poultry litter removed during crust-outs in 2025.  Check if Windrowed

32. \_\_\_\_\_ Tons Poultry litter removed during partial or total cleanout(s) in 2025.

33. \_\_\_\_\_ Tons of On-Farm Collected poultry litter that remained stored or stockpiled from 2024.

34. On-Farm Collected poultry litter that was land applied to your farm operation in 2025.

\_\_\_\_\_ Tons \_\_\_\_\_ Acres

35. Tons of imported poultry litter that remained stored or stockpiled from 2024 and was applied in 2025.

\_\_\_\_\_ Tons \_\_\_\_\_ Acres

36. \_\_\_\_\_ Acres Poultry litter incorporated within 48 hrs with vertical tillage equipment (Ex: "Turbo Till").

## Commercial Fertilizer Op ID: \_\_\_\_\_

37. \_\_\_\_\_ Acres using variable rate fertilizer application or split application.

38. \_\_\_\_\_ Acres where Nitrogen was applied based on the recommendations of the Pre-Sideress Nitrogen Test (PSNT).

39. \_\_\_\_\_ Acres where Commercial fertilizer Nitrogen was incorporated within 24 hours.

40. \_\_\_\_\_ Acres where Commercial fertilizer Phosphorus was incorporated within 24 hours.

## Manure/Organics Storage

41. \_\_\_\_\_ Number of manure/organics storage structures  
 Check if **None**

42. Total available storage capacity:

\_\_\_\_\_ Cu. Ft \_\_\_\_\_ Gals \_\_\_\_\_ Tons

43. Yes  No  Temporary stockpiling of manure/organics?

## Manure/Organics other than poultry litter

44. \_\_\_\_\_ Acres Liquid manure applied with injector or other sub-surface applicator.

45. \_\_\_\_\_ Acres Liquid manure incorporated within 48 hrs with vertical tillage equipment (Ex: "Turbo Till").

46. \_\_\_\_\_ Acres Manure application applied at the crops Phosphorus Removal Rate.

47. \_\_\_\_\_ Tons Total On-Farm Collected manure/organics  
\_\_\_\_\_ Gals

48. \_\_\_\_\_ Tons Total On-Farm Collected manure/organics  
\_\_\_\_\_ Gals that remained stored or stockpiled from 2024.

49. On Farm Collected manure/organics that was land applied to your farm operation in 2025.

Type of Manure/Organics	Amount	Land Application
<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	Tons Gals.	Acres
<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	Tons Gals.	Acres
<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	Tons Gals.	Acres
<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____	Tons Gals.	Acres

50. Total imported manure/organics that remained stored or stockpiled from 2024 and applied in 2025.

Tons \_\_\_\_\_ / Acres \_\_\_\_\_ Gallons \_\_\_\_\_ / Acres \_\_\_\_\_

**51. Imported Manure, Biosolids, Food Waste or Other Organics on your farm operation.** Be sure to report **COUNTY** and **STATE** from which material was imported. Use additional sheets if necessary.

Check if None

Op ID: \_\_\_\_\_

Name	Address - Location where Manure/ Organics were Imported from?	Check Type of Imported Manure/ Organics	Amount	Amount Used	Land Application
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Biosolids Class A <input type="checkbox"/> Biosolids Class B <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Gals.	Gals.	Acres
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Biosolids Class A <input type="checkbox"/> Biosolids Class B <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Tons	Tons	Acres
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Biosolids Class A <input type="checkbox"/> Biosolids Class B <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Gals.	Gals.	Acres
			Tons	Tons	Acres

**52. Exported Manure, Food Waste or Other Organics that left your farm operation.** Be sure to note **COUNTY** and **STATE** to which material was exported. Use additional sheets if necessary.

Check if None

Name	Address - Location where Manure/Organics were Exported to?	Check Type of Exported Manure/ Organics	Amount Tons/Gals	Sent To:
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Gals.	<input type="checkbox"/> Alternative Use Facility <input type="checkbox"/> Manure/ Organics Broker <input type="checkbox"/> Other Farm Operation
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Tons	<input type="checkbox"/> Alternative Use Facility <input type="checkbox"/> Manure/ Organics Broker <input type="checkbox"/> Other Farm Operation
Name of person:  Name of Farm/Entity:	Street:  City:  County:  State, Zip	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Sheep <input type="checkbox"/> Compost <input type="checkbox"/> Poultry Processing DAF <input type="checkbox"/> Food Residuals <input type="checkbox"/> Other Manure or Organics:  _____	Gals.	<input type="checkbox"/> Alternative Use Facility <input type="checkbox"/> Manure/ Organics Broker <input type="checkbox"/> Other Farm Operation
			Tons	<input type="checkbox"/> Alternative Use Facility <input type="checkbox"/> Manure/ Organics Broker <input type="checkbox"/> Other Farm Operation

## 53. Summary of Nutrient Applications by Crop See Instructions for help with this table.

Op ID: \_\_\_\_\_

**TOTAL pounds of AVAILABLE nutrients applied.** If you did not apply nutrients, list the crop, the crop acreage and draw a line through the rest of the boxes.

CROP Include Pastures	Acres	Commercial Fertilizer in pounds			Manure in pounds			Biosolids/Sewage Sludge in pounds			Other Organic Sources in pounds		
		N	P <sub>2</sub> O <sub>5</sub>	K <sub>2</sub> O	N	P <sub>2</sub> O <sub>5</sub>	K <sub>2</sub> O	N	P <sub>2</sub> O <sub>5</sub>	K <sub>2</sub> O P	N	P <sub>2</sub> O <sub>5</sub>	K <sub>2</sub> O
Corn grain, dry land													
Corn grain, irrigated													
Corn silage													
Soybeans, full season													
Soybeans, double crop													
Small grains, Spring 2025													
Small grains, Fall 2025													
Hay, grass													
Hay, legume													
Pasture													
Vegetables													
Tobacco													
List other crops:													

**Report Certification :**

All of the information contained within this 2025 Nutrient Management Annual Implementation Report (AIR) is true to the best of my knowledge. A valid nutrient management plan for my operation(s) for calendar year 2026 will be developed and implemented.

**54. Operator's Signature**

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**55. Operator's Printed Name:** \_\_\_\_\_**56. Date signed:** \_\_\_\_\_