



Kewaunee County

LAND & WATER CONSERVATION
DEPARTMENT

Name of farm operator or landowner: _____

Primary Farm Contact: _____

Address: _____

Phone: _____

Growing season (harvest to harvest): _____

I, _____, certify that I have reviewed this Nutrient Management Plan that has been created for my farming operation and/or rented farmland. I certify that it has been developed in compliance with the current Wisconsin's NRCS 590 Nutrient Management Standard. I understand its contents and will follow it to the best of my ability. If I am unable to follow the plan as designed, I will update the plan as needed and make my Agronomist and the Kewaunee County Land and Water Department aware of the needed changes.

I am aware that providing false data and/or not following this plan as designed is a violation of Wisconsin State Statute NR 151 and the Kewaunee County Animal Waste Storage Facility Ordinance and could result in the loss of the Farmland Preservation Program's tax credits and referral to the Wisconsin Department of Agriculture, Trade and Consumer Protection.

Signature of operator or landowner

Date

Signature of qualified nutrient management planner

License Number

Date

For Office Use

Date NMP Received:

Received By: