

Nutrient Application Agreement

This agreement is hereby made between _____ (landowner) and _____ representing _____

1. _____ requires access to the below described land for the purposes of applying nutrients in the form of solid and/or liquid manure from the facility.
2. _____ may or may not spread manure in any given year of this agreement.
3. Owner agrees to allow _____ to spread manure on said premises at such times as are mutually agreeable by both _____ and said owner.
4. Owner may specify application rate if desired but application rate will not exceed normal agronomic rates.
5. This Agreement shall continue from year to year without further renewal, except if either party desires to change or cancel this Agreement they shall do so in writing on or before September 1, of any given year for the following year.
6. Owner agrees to provide the following land tracts for manure and nutrient applications:

| Settje Use Only | Common Name | Legal Description Example: NE1/4 of SW1/4 S 14, T 11, R 4W | | | | County | Irrigated | |
|-----------------|-------------|---|---------|----------|-------|--------|------------------------------|-----------------------------|
| | | Parcel | Section | Township | Range | | | |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Land Owner (signature)

Date

(signature)

Date

Titled Owner(s): _____

Address: _____

City State Zip: _____

Phone: _____

**Please note. County average yields will have to be used unless insurance yield documentation from the past 3 years is provided for each tract of land. Typically, when county averages are used, more acres are required to meet the acres needed.

Please attach FSA photos of application land with fields highlighted.