H2Ohio PRODUCER VERIFICATION CHECKLIST

Conservation Crop Rotation

Producer Name: _____

Checklist	Completed
Documentation provided to SWCD	
- Acres and field maps where forages or small grain and subsequent cover crop or double crops are established	
- Application equipment used	
- Seed tags (including: % purity, % germ., % weed seed, Ohio noxious weed content)	
- Bills for forage, cover crop or double crop	
- Cover crop or double crop planted by October 15th	
- Required height and/or cover maintained through winter	

Crop Year: _____

Acres Completed - Small Grains: _____

Acres Completed - Forages: _____

I hereby state that I have completed this verification form accurately to the best of my knowledge and have provided supporting documentation to show that all items above have been completed. I understand the terms and conditions contained herein and have authority to sign this verification.

_____ _____

Producer Initial Date

For Office Use

SWCD Notes