



PRODUCER VERIFICATION CHECKLIST

Manure Incorporation

Producer Name: _____

Checklist	Completed
Manure application compliant with Nutrient Management Plan	
Manure application compliant with Ohio NRCS 590 Nutrient Management Standard	
Manure applications completed by October 15 th	
Manure surface applied and incorporated (within 24 hrs)	
Manure subsurface injected	
Cover crop or double crop established, if applicable	
Cover crop or crop residue maintained until March 15 th , if applicable	
Documentation provided to SWCD	
- Application Guidance Sheet	
- Applicator information (records holder)	
- Application equipment (planter, spreader, or placement tool)	
- As-applied nutrient application records	
- Double crop or cover crop information, if applicable	

Crop Year: _____

Acres Completed: _____

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