

# Manure Incorporation

## Producer Verification Checklist

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 <sup>th</sup>	
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 <sup>th</sup> , 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

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