Manure Incorporation

Producer Verification Checklist

Producer Name: _____

	Checklist	Completed
Manure application c	ompliant with Nutrient Management Plan	
Manure application compliant with Ohio NRCS 590 Nutrient Management Standard		
Manure applications	completed by October 15 th	
Manure surface appli	ed and incorporated (within 24 hrs)	
Manure subsurface ir	njected	
Cover crop or double	crop established, if applicable	
Cover crop or crop re	sidue maintained until March 15 th , if applicable	
Documentation provi	ded to SWCD	
- Application G	uidance Sheet	
- Applicator inf	formation (records holder)	
- Application e	quipment (planter, spreader, or placement tool)	
- As-applied nu	itrient application records	
- Double crop	or cover crop information, if applicable	
teres compreteur		
hereby state that I ha	ve completed this verification form accurately to the best of my porting documentation to show that all items above have been and conditions contained herein and have authority to sign this	completed.
and have provided sup	ve completed this verification form accurately to the best of my porting documentation to show that all items above have been	completed.
hereby state that I ha and have provided sup understand the terms	ve completed this verification form accurately to the best of my porting documentation to show that all items above have been and conditions contained herein and have authority to sign this	completed.

Revised: 10-02-2020