

# Nutrient Management Plan - Implementation

## Producer Verification Checklist

Producer Name: \_\_\_\_\_

Comprehensive Nutrient Management Plan

| Checklist  | Completed |
|--|-----------|
| Complete nutrient application records provided to SWCD               |           |
| Nutrient application records compliant with Nutrient Management Plan |           |
| - Crop rotations   |           |
| - Crop yields  |           |
| - Nutrient sources and analyses                                      |           |
| - Application locations, methods, rates, and timing                  |           |

Variations from written plan? Yes  No

If Yes, are changes consistent with H2Ohio guidelines? Yes  No

Crop Year: \_\_\_\_\_

Acres Completed: \_\_\_\_\_

Nutrient Management Plan Expiration: \_\_\_\_\_

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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