

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
