

Drainage Management Structures - Maintenance

Producer Verification Checklist

Producer Name: _____

| Checklist | Completed |
|------------------------------------------------------------------|-----------|
| Drainage Management Plan submitted to SWCD | |
| Operation and maintenance performed according to management plan | |
| Management records submitted to SWCD | |

Crop Year: _____

Structures: _____

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

