

Nutrient Management Plan - Development

Producer Name: _____

Written by 4R Certified NSP

Comprehensive Nutrient Management Plan

Checklist	Completed
Soil tests within past 4 years	
Soil tests from all fields (including maps)	
Manure tests provided	
All acres accounted for	
Crop rotations provided	
Yield goals provided	
VRT application recommendations verified for Tri-State	
Identification of all nutrients planned for application are documented	
Starter/Pop-up fertilizer accounted for	
Method and seasonal timing of application documented	
Resource concerns addressed	

Length of plan (years): _____

Crop Years covered by this plan: _____

Acres covered by this plan: _____

Approval	Name	Date
Plan writer		
SWCD Reviewer		
Approved		

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



Nutrient Management Plan - Implementation

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: _____

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Producer Initial

Date

For Office Use

SWCD Notes _____

Variable Rate Phosphorus Application

Producer Name: _____

Checklist	Completed
Nutrient application compliant with Nutrient Management Plan	
Documentation provided to SWCD	
- Applicator information (records holder)	
- Application equipment (planter, spreader, or placement tool)	
- Geo-referenced as-applied nutrient application maps or equivalent	

Crop Year: _____

Acres Completed: _____

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Producer Initial

Date

For Office Use

SWCD Notes

Subsurface Phosphorus Placement

Producer Name: _____

Checklist	Completed
Nutrient application compliant with Nutrient Management Plan	
Documentation provided to SWCD	
- Applicator information (records holder)	
- Application equipment (planter or placement tool)	
- As-applied nutrient application records, including geo-referenced maps where available	

Crop Year: _____

Acres Completed: _____

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Producer Initial

Date

For Office Use

SWCD Notes

Manure Incorporation

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 th	
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 th , 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: _____

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Producer Initial

Date

For Office Use _____

SWCD Notes _____

Conservation Crop Rotation

Producer Name: _____

Checklist	Completed
Documentation provided to SWCD	
- Acres and field maps where forages or small grain and subsequent cover crop or double crops are established	
- Application equipment used	
- Seed tags (including: % purity, % germ., % weed seed, Ohio noxious weed content)	
- Bills for forage, cover crop or double crop	
- Cover crop or double crop planted by October 15 th	
- Required height and/or cover maintained through winter	

Crop Year: _____

Acres Completed - Small Grains: _____

Acres Completed - Forages: _____

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Producer Initial

Date

For Office Use

SWCD Notes _____

Cover Crops

Producer Name: _____

Checklist	Completed
Documentation provided to SWCD	
- Acres and field maps where cover crops are established	
- Application equipment used	
- Seed tags (including: % purity, % germ., % weed seed, Ohio noxious weed content)	
- Bills for cover crop	
- Cover crop established prior to October 15 th	
- Cover crop maintained through March 15 th	

Crop Year: _____

Acres Completed: _____

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Producer Initial

Date

For Office Use

SWCD Notes



Drainage Management Structures - Development

Producer Name: _____

Checklist	Completed
Drainage Management Plan developed, including tile maps	
Design specifications meet H2Ohio guidelines and engineering plan	
Minimum controllable area meets H2Ohio guidelines (with/without submain as applicable)	
Permission obtained and documented for all drained area, if applicable	
As-built engineering plans completed and approved	

Crop Year: _____

Structures Completed with Submain: _____

Structures Completed without Submain: _____

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Producer Initial

Date

For Office Use _____

SWCD Notes _____



Drainage Management Structures - Maintenance

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: _____

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Producer Initial

Date

For Office Use _____

SWCD Notes _____
