

# Subsurface Phosphorus Placement

## Producer Verification Checklist

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: \_\_\_\_\_

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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