



H2Ohio

Conservation Crop Rotation - Forages



Compatible Practices:

- Voluntary Nutrient Management Plan Development & Implementation
- Variable Rate Phosphorus Application
- Subsurface Phosphorus Placement
- Manure Incorporation
- Drainage Water Management

Conservation Crop Rotation - Forages is....

Establishing a soil conserving forage crop into an existing crop rotation to reduce erosion, improve soil health, increase cropping diversity and reduce water quality degradation due to excess nutrient loss.

How it works

- All nutrients are applied based on an approved VNMP
- Producer establishes a perennial forage crop
- Residual forage must be maintained during the non-growing season
- Producer maintains the forage for a minimum of two years

Benefits for Farmers

- Crop diversity and rotation are increased
- Allows for nutrient application in the summer and early fall which reduces the risk of nutrient loss through runoff
- Producer may apply for up to four years of funding for this practice
- Producer will receive \$35 per acre, per year

Partners in the H2Ohio Program include:



How to Apply?

If interested, contact your local soil and water conservation district:

Lorain County Conservation District
42110 Russia Rd.
Elyria, OH 44035
440.326.5800

Conservation Crop Rotation

Producer Verification Checklist

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: _____

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

Cover Crops

Producer Verification Checklist

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: _____

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
