

POULTRY LITTER TRANSPORT INCENTIVE - Field Application Record

END-USER OF THE POULTRY LITTER

NAME: _____ SOURCE COUNTY: _____
ADDRESS: _____ RECEIVING COUNTY: _____

INTEGRATOR*: _____
TELEPHONE NUMBER: _____

** ONLY if litter is from Accomack County*

FIELD INFORMATION (Include ALL fields receiving litter)

Tract Number	Field Number	Acres Receiving Poultry Litter	Application Date	Tons Applied (Total)	Crop	Soil Test Phosphorus	DCR use Eligible (yes/no)
Total:			Total:				

Please indicate soil testing lab used: _____

I certify the above information is true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

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(Supplemental Form for Additional Fields)

FIELD INFORMATION (Include ALL fields receiving litter)

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