

## 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)
<b>Total:</b>			<b>Total:</b>				

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)**

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		<b>Total:</b>		<b>Total:</b>			

Please indicate soil testing lab used: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_