## OSU EXTENSION NUTRIENT MANAGEMENT PLAN REQUEST FOR SERVICE



EFFECTIVE: 11/2015-7/2018

Operation: \_\_\_\_\_

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

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Please complete the following form and return to the office that is the closest to your location. One of our NMP Writers will be in contact with you shortly to discuss your FREE NMP.

Contact Name:				Phone: _	Phone:	
Main	Operation Add	ress:				
City:		Sta	te: Zip: _	County:		
Emai	l Address:					
1.) T	otal Acres in Op	eration:				
2.) Are these all located in the same county? yes no (list other counties)						
3.) Do you use any animal manure on any of the fields? yes(app. acres) no						
4.) D	o you already h	ave a NMP? yes	(please provide us	with the most recent	year**) no	
What	t you will need	to provide during in	itial meeting:			
0	Soil test resul	ts (within the last 2	years)**			
0	Field boundaries and names (preferable FSA Farm, Tract, & Field id numbers)**					
0	Implement details and information					
0	Crop rotation, yield goals (for the next 5 years)					
0	<ul> <li>Approximate dates of activities, tools used, # of passes</li> </ul>					
0	Water locations in operation					
<ul> <li>Artificial drainage practices per field, type of surface drainage</li> </ul>						
				**(electronic pi	referred, but not required)	
Signature				Date		
Pleas	e return this fo	rm to your closest o	office:			
		Attn: Linda Lauber OSU Extension Fulton County	OSU Extens	ion (	Attn: Jessie Schulze DSU Extension Defiance County, Suite B	

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