



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

FOR INTERNAL USE ONLY:

Form Number: _____

Date Entered: _____

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TURF ANNUAL REPORT

CERTIFIED OPERATORS

NM Certification Holder Name: (Last, First)	NM Certification Holder Number:	NM Certification Expiration Date:	Number of Credits:

PARTICIPANT INFORMATION

Name: (Last, First)			
Mailing Address:		City, State, Zip Code:	
Email:		Phone:	
Operation Name:			
Operation Address:		City, State, Zip Code:	

MANAGEMENT PLAN TYPE

Plan Types:

- Nutrient Management Plan (NMP) – Crops with or without Animals

Management Plan Type:	
NM Consultant Name:	
Start Date of Most Current Plan:	
Expiration Date of Most Current Plan:	
Total Acres Included in the Plan:	
Years of Plan:	

WATERSHED – GEOGRAPHICAL LOCATION(S) OF OPERATION

Watershed Name	% of Operation in the Watershed	Watershed Name	% of Operation in the Watershed

SUMMARY OF NUTRIENT APPLICATIONS

Not Applicable

Application Area	Nitrogen		Phosphorus	
	Total Pounds	Total Acres	Total Pounds	Total Acres
Fairways				
Greens				
Tees				
Turf				
Rough				
Ornamentals				
Others				

ORGANIC NUTRIENT APPLICATION

Not Applicable

Source (Manue/Compost/Other)	% Total N Applied	% Total P Applied

ENHANCED EFFICIENCY FERTILIZERS

Not Applicable

Fertilizer (Brand, Name)	% Total N Applied	% Total P Applied

This report is provided as truthful and accurate to the best of my knowledge.

Signature

Date