Request to Close an Approved Nutrient Management Strategy

This request is to be submitted by the owner of the agricultural operation to close a Nutrient Management Strategy (NMS) that was approved but not acted on.

Operation ID to be closed:								
Owner/Operator Name:								
Legal Farm Name:								
Mailing Address:								
Reaso	n the l	NMS should be closed:						
Diago marido and includo with this notice.								
Please provide and include with this notice:								
		in from the building department that no building permits for livestock housing or						
		age have been APPLIED for or issued to the properties listed in the Farm Unit the NMS.						
	Please answer the following by checking the boxes below:							
Yes	No	The operation has had sufficient farm animals to generate 300 nutrient units or						
		more since July 1, 2005;						
Yes	Yes No The operation has built structures to house livestock or store manure, incl							
	earthen manure storages since December 31, 2005;							
Yes	No	The operation has received off-farm material for treatment in an anaerobic						
		digester that meets the criteria in the Regulation of a regulated mixed anaerobic digester.						
		,						
If any of the boxes are checked "Yes" provide Previous Operation ID:								
Print N	Print Name of Owner of the Operation Signature of Owner of Operation Date:							
1 1111t 1V	uiiic 01	Owner of the Operation Date.						
		ne completed form to:						
By M	[ail	Via Email						

Send to:

Scan and save a .pdf version of the signed form

NutrientManagement.ONeSourceForms@ontario.ca

Ontario Ministry of Agriculture, Food and Rural

Environmental Management Branch

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Guelph, ON N1G 4Y2

Affairs