

2010 CORN PLANTING AND HARVEST REPORT



Requirements

For help finding Latitude and Longitude Information Click here

Retail and Grower Information														
*Retail Account #		277800												
*Retail Location Name:		FCA												
*Retailer City:			Candy			*Retailer State:			MN					
*Grower Name:		Brad Miller		*SAA:				*Latitude:						
*Grower City:			Canby			*Longitude:								
*Grower State:		MN		*Zip Code:		56220		Latitude Format Example: XX.XXXXXX			Longitude Format Example: -XX.XXXXXX			
*County:		Yellow Medicine												
General Plot Information														
*Planting Date:		04/21/10		*Prev. Crop:		Soybeans		Planting Pop		32,000				
*Time of Planting:		Earlier than average		*Row Length:				Soil Drainage		Well Drained				
*Plot Type:		Small Plot (1-20 Entries)		*Row Width:		30 inches		Tillage Type		Conventional				
Crop:		CORN		*#of Rows:		6		Irrigation		No				
# of Buffer Rows		Direction In Field Plot Begins On												
		West												
Insect, Diseases and Cultural Information														
CRW Pressure:		Drought Condition												
		Low												
ECB Pressure:														
*Harvest Date:		10/15/10		*If not Harvested indicate here:										

Corn Price/Bu.		3.5		For Gross Income Potential	
Drying Cost/Pt.		0.06			
Pesticide Information					
Prior Yr Herbicide(s)					
Pre Herbicide 1	Surestart	Rate		Date	
Pre Herbicide 2		Rate		Date	
Post Herbicide 1		Rate		Date	
Post Herbicide 2		Rate		Date	
Soil Insecticide		Rate		Date	
Foliar Insecticide		Rate		Date	
Fungicide		Rate		Date	
Soil Analysis		Manure Type		Applied:Tn/GI/Ac	
*Soil Type				N-P-K (lb/ac)	
				135	
pH				P (ppm)	
				60	
%Organic Matter				K (ppm)	
				40	

Entry	Check	*Brand	*Hybrid	*Trait	Seed Treatment	Soil Insecticide	Foliar Fungicide	*Harvest Weight	*Harvest Moist %	*Row Width (inch)	*Row Length (feet)	No of Rows	Harvest Population	*Test Wt	Adjusted Yield 15%	Gross Income Potential	Yield Rank	Gross Income Rank
1		Mycogen	2D503	VT3		<input type="checkbox"/>	<input type="checkbox"/>	1870	12.6	30	514	6	29500		195.14	\$716.94	5	4
2		Mycogen	2J337	VT3		<input type="checkbox"/>	<input type="checkbox"/>	1670	11.9	30	516	6	28000		174.98	\$650.24	13	10
3		Mycogen	X20302			<input type="checkbox"/>	<input type="checkbox"/>	1644	11.6	30	519	6	31500		171.85	\$641.67	14	13
4		Mycogen	2A397	RR		<input type="checkbox"/>	<input type="checkbox"/>	1600	11.9	30	520	6	31500		166.36	\$618.19	17	14
5		Mycogen	2P486	SS		<input type="checkbox"/>	<input type="checkbox"/>	1776	9.9	30	522	6	31500		188.13	\$721.65	9	3
6		Mycogen	2H490	SS		<input type="checkbox"/>	<input type="checkbox"/>	1720	15.1	30	524	6	29500		171.02	\$602.69	15	16
7		Mycogen	2C441	VT3		<input type="checkbox"/>	<input type="checkbox"/>	1738	13.1	30	526	6	28000		176.21	\$642.12	12	12
8		Mycogen	2D503	VT3		<input type="checkbox"/>	<input type="checkbox"/>	1920	13.6	30	528	6	28000		192.81	\$696.82	8	9
9		Mycogen	X20436			<input type="checkbox"/>	<input type="checkbox"/>	1728	14.6	30	530	6	28500		170.87	\$607.29	16	15
10		Mycogen	X20592			<input type="checkbox"/>	<input type="checkbox"/>	1950	13.1	30	532	6	29000		195.48	\$712.32	4	5
11		Mycogen	X20593			<input type="checkbox"/>	<input type="checkbox"/>	1958	13.4	30	534	6	26000		194.87	\$706.59	7	7
12		Mycogen	2A551	VT3		<input type="checkbox"/>	<input type="checkbox"/>	1660	14.7	30	536	6	28500		162.12	\$575.21	18	17
13		Mycogen	2D503	VT3		<input type="checkbox"/>	<input type="checkbox"/>	2070	14.1	30	538	6	29000		202.83	\$726.94	2	2
14		CROPLAN_GENETIC	4338	VT3		<input type="checkbox"/>	<input type="checkbox"/>	2000	13.6	30	540	6	28500		196.38	\$709.73	3	6
15		CROPLAN_GENETIC	4033	VT3		<input type="checkbox"/>	<input type="checkbox"/>	2084	12.8	30	542	6	31000		205.76	\$753.50	1	1
16		CROPLAN_GENETIC	5237	SS		<input type="checkbox"/>	<input type="checkbox"/>	2000	13.6	30	544	6	28000		194.94	\$704.51	6	8
17		CROPLAN_GENETIC	5338	SS		<input type="checkbox"/>	<input type="checkbox"/>	1950	15.4	30	546	6	25500		185.42	\$650.09	10	11
18						<input type="checkbox"/>	<input type="checkbox"/>									0		
19						<input type="checkbox"/>	<input type="checkbox"/>									0		
20						<input type="checkbox"/>	<input type="checkbox"/>									0		
21						<input type="checkbox"/>	<input type="checkbox"/>									0		
22						<input type="checkbox"/>	<input type="checkbox"/>									0		
23						<input type="checkbox"/>	<input type="checkbox"/>									0		