

# 2010 CORN PLANTING AND HARVEST REPORT



Requirements

For help finding Latitude and Longitude Information Click here

Retail and Grower Information														
*Retail Account #		288700												
*Retail Location Name:		FCA												
*Retailer City:			Canby			*Retailer State:			MN					
*Grower Name:		Dorothy Vlaminck		*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:			*Prev. Crop:			Soybeans			Planting Pop					
*Time of Planting:			*Row Length:						Soil Drainage					
*Plot Type:			*Row Width:						Tillage Type					
Crop:		CORN		*#of Rows:				Irrigation						
# of Buffer Rows		Direction In Field Plot Begins On												
Insect, Diseases and Cultural Information														
CRW Pressure:			Drought Condition						*Soil Type			N-P-K (lb/ac)		
ECB Pressure:									pH			P (ppm)		
*Harvest Date:			10/14/10			*If not Harvested indicate here:			%Organic Matter			K (ppm)		

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		CROPLAN_GENETIC	5237SS			<input type="checkbox"/>	<input type="checkbox"/>	1686	20.1	30	310	8		55.1	200.01	\$644.84
2						<input type="checkbox"/>	<input type="checkbox"/>									0		
3		CROPLAN_GENETIC	5237SS			<input type="checkbox"/>	<input type="checkbox"/>	814	17.9	30	155	8		59.1	198.45	\$666.00	5	3
4		CROPLAN_GENETIC	4421RR			<input type="checkbox"/>	<input type="checkbox"/>	760	16.1	30	142	8		58.9	206.68	\$715.94	2	2
5		CROPLAN_GENETIC	5338SS			<input type="checkbox"/>	<input type="checkbox"/>	682	17.4	30	120	8		57.1	216.07	\$731.62	1	1
6						<input type="checkbox"/>	<input type="checkbox"/>									0		
7						<input type="checkbox"/>	<input type="checkbox"/>									0		
8						<input type="checkbox"/>	<input type="checkbox"/>									0		
9						<input type="checkbox"/>	<input type="checkbox"/>									0		
10						<input type="checkbox"/>	<input type="checkbox"/>									0		
11						<input type="checkbox"/>	<input type="checkbox"/>									0		
12						<input type="checkbox"/>	<input type="checkbox"/>									0		
13						<input type="checkbox"/>	<input type="checkbox"/>									0		
14						<input type="checkbox"/>	<input type="checkbox"/>									0		
15						<input type="checkbox"/>	<input type="checkbox"/>									0		
16						<input type="checkbox"/>	<input type="checkbox"/>									0		
17						<input type="checkbox"/>	<input type="checkbox"/>									0		
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		