

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:		Larris Nelson		*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:			Planting Pop			Prior Yr Herbicide(s)								
*Time of Planting:			*Row Length:			Soil Drainage			Pre Herbicide 1								
*Plot Type:			*Row Width:			Tillage Type			Pre Herbicide 2								
Crop:		CORN		*#of Rows:		Irrigation			Post Herbicide 1								
# of Buffer Rows		Direction In Field Plot Begins On															
Insect, Disease and Cultural Information																	
CRW Pressure:			Drought Condition			*Soil Type			Manure Type			Applied: Tn/GI/Ac					
ECB Pressure:						pH						N-P-K (lb/ac)					
*Harvest Date:			10/13/10			*If not Harvested indicate here:			%Organic Matter			P (ppm)					
												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					<input type="checkbox"/>	<input type="checkbox"/>									#DIV/0!	0
2					<input type="checkbox"/>	<input type="checkbox"/>										0		
3					<input type="checkbox"/>	<input type="checkbox"/>										0		
4		CROPLAN_GENETICS			<input type="checkbox"/>	<input type="checkbox"/>										0		
5		CROPLAN_GENETIC	4338VT3		<input type="checkbox"/>	<input type="checkbox"/>		3978	13.8	30	486	12		59.1	216.50	\$779.83	#DIV/0!	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		
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21					<input type="checkbox"/>	<input type="checkbox"/>										0		
22					<input type="checkbox"/>	<input type="checkbox"/>										0		
23					<input type="checkbox"/>	<input type="checkbox"/>										0		