

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:		*SAA:		*Latitude:			*Longitude:			Corn Price/Bu.		3.5		For Gross Income Potential	
*Grower City:		Canby			*Longitude:			Drying Cost/Pt.			0.06				
*Grower State:		MN	*Zip Code:		56220			Latitude Format Example: XX.XXXXXX			Pesticide Information				
*County:		Yellow Medicine			Longitude Format Example: -XX.XXXXXX			Prior Yr Herbicide(s)							
General Plot Information															
*Planting Date:		*Prev. Crop:		Soybeans			Planting Pop		Pre Herbicide 1		Rate		Date		
*Time of Planting:		*Row Length:			Soil Drainage			Pre Herbicide 2		Rate		Date			
*Plot Type:		*Row Width:			Tillage Type			Post Herbicide 1		Rate		Date			
Crop:		CORN			*#of Rows:			Post Herbicide 2		Rate		Date			
# of Buffer Rows		Direction In Field Plot Begins On			Irrigation			Soil Insecticide		Rate		Date			
Insect, Diseases 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:		10/14/10			*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	3424VT3			<input type="checkbox"/>	<input type="checkbox"/>	4134	14.4	30	1040	6		58.8	208.82	\$744.64
2						<input type="checkbox"/>	<input type="checkbox"/>									0		
3						<input type="checkbox"/>	<input type="checkbox"/>									0		
4						<input type="checkbox"/>	<input type="checkbox"/>									0		
5						<input type="checkbox"/>	<input type="checkbox"/>									0		
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		
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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		