

# 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:		Roger Bliss		*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:			10/18/10			*If not Harvested indicate here:			%Organic Matter			K (ppm)							

E n t r y	C h e c k	*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	5338VT3			<input type="checkbox"/>	<input type="checkbox"/>	6460	16.2	22	450	24		60.1	251.68	\$870.32
2						<input type="checkbox"/>	<input type="checkbox"/>									0		
3		Dekalb	DKC5262			<input type="checkbox"/>	<input type="checkbox"/>	3810	14.9	22	450	15		58.4	241.19	\$852.84	3	2
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		
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		