

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:		Wally Antony		*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:						*If not Harvested indicate here:						%Organic Matter		K (ppm)		

Corn Price/Bu.		3.5		For Gross Income Potential	
Drying Cost/Pt.		0.06			
Pesticide Information					
Prior Yr Herbicide(s)					
Pre Herbicide 1		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	

Entry	Check	General Plot Information													Insect, Diseases and Cultural Information				Soil Analysis				Gross Income Rank
		*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						
1		CROPLAN_GENETIC	3724VT3		Adv Coat Zn	<input type="checkbox"/>	<input type="checkbox"/>	9568	15.6	30	1231	12			201.29	\$703.32	1	1					
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								
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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								
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22						<input type="checkbox"/>	<input type="checkbox"/>								0								
23						<input type="checkbox"/>	<input type="checkbox"/>								0								