

CORN HARVEST FORM

Cooperator	Bruce Berg	
Mailing Address:		
City, State, Zip:		
County:		
Telephone:		
Seed and Trait Rep:		
Planting Date:	4/21/20	
Planting Population:	35,000	
Harvest Date:	10/13/20	
Row Width (inches):	30	
Previous Crop:	Soybeans	
Tillage Type:		
% Ground Cover:		
Years in Con Till:		
Foliar Insecticide:		
Date applied:		
Rate applied:		
Describe Residue:		
Directions to Plot:		
Loc. of Plot Row #1:		
GPS Coordinates:	(Latitude) N	

Seed Dealer:	Jack Larson Seeds
City, State:	Clements Mn. 56224
Telephone:	507-723-4302
Contact:	Larson Seeds
Prior Yr Herb:	
PreEHerb:	
Date applied:	
Rate applied:	
PostEHerb:	
Date applied:	
Rate applied:	
Soil Applied Insecticide:	
Date applied:	
Rate applied:	
Foliar Fungicide:	
Date applied:	
Rate applied:	



Std. Moisture %	15.0	Drying Charge
Soil pH:		Per Moisture Pt.
Organic Matter (%):		<u>\$0.04</u>
Soil Texture:		
N-P-K Applied (lb/ac):		
N. App. Timing:		
Soil Test Results:		
Phosphorus:		
Potassium:		
Irrigated (Yes or No):		
Experiment Number:		
Plot Test Type:		
Weigh System:		
Grower Signature		Use Grower Name

[illegible]