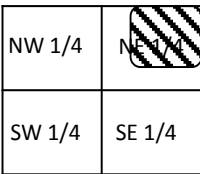

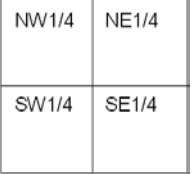

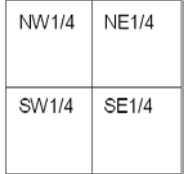


PRODUCER NAME:

MAILING ADDRESS:

Please provide information for four **SOYBEAN** fields on your farm in **2015**. If you have questions, contact Professor **Patricio Grassini** (Phone: 402-472-5554 / e-mail: pgrassini2@unl.edu). Note that all provided info will be kept confidential! **An EXAMPLE is shown in red.**

	EXAMPLE:	2015 Soybean	2015 Soybean	2015 Soybean	2015 Soybean
Specify field location by Section: Township: Range. →	NE ¼ 25 : 20N : 26W	: : NW¼ NE¼ SW¼ SE¼	: : NW¼ NE¼ SW¼ SE¼	: : NW¼ NE¼ SW¼ SE¼	: : NW¼ NE¼ SW¼ SE¼
Please sketch-in the boundaries of your field location within the Section →					
OR GPS coordinates of field centroid: OR County & field location relative to Rd Intersection:	41.678, -100.257 Saunders Co, SW of Rd 11 & N				
Dryland? OR Pivot, Gravity? Indicate field size (acres)	Dryland (90 ac)				
Does this field have drainage? (no, old clay tile, new systematic tile, surface drainage, other)	No				
Total Inches of Irrigation Applied to crop?	(ignore if dryland)				
SOYBEAN YIELD (bushels/acre) for this FIELD:	55				
Lowest Highest Yield (bu/ac) of your soy fields that year *Use Irrigated fields yield range if this crop was Irrigated: *Use Dryland fields yield range if this crop was Dryland:	Low: 40 High: 62	Low: High:	Low: High:	Low: High:	Low: High:
Planting Date in this FIELD (Month/Day/Year):	5/10/2015				
Variety Name (Brand & Number):	Pioneer P93M11				
Seeding Rate (seeds/ac):	125,000				
Row spacing (inches):	30				
Seed Treated (Yes/No)? What Brand Name Product(s)?	Yes (Cruiser-Max)				
Prior Crop in this FIELD? Residue harvested or grazed?	Corn - Grazed				
Tillage after prior crop? No-Till (NT); Ridge (RT); Strip (ST); Disk (D); Chisel (C); Vertical (V) – Indicate timing (month-year)	ST (March-2015)				
Any (non-starter) fertilizer after prior crop? Specify rate (pounds NUTRIENT/ac) and timing (month-year)	P₂O₅: 70 K₂O: 30 Other: S (11 lbs) Time: March-2015	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:
Any STARTER fertilizer (Yes/No)? If Yes, specify nutrients	Yes (N, P, Zn)				
Any Lime (L) or Manure (M)? If yes, specify timing (mm-yy)	Lime (April-2015)				
PRE- or POST-emergence herbicide program or BOTH?	Both				
Any in-season foliar fungicide (F) / insecticide (I)?	F and I				
Soy Cyst Nematodes (Yes/No/I don't know)?	No				
Iron Deficiency Chlorosis (Yes/No)?	No				
Any significant yield loss due to Insects, Diseases, Weeds, Frost, Hail, Flood, Lodging? Specify problem	Sudden death Hail (July-2015)				



PRODUCER NAME:

MAILING ADDRESS:

Please provide information for four **SOYBEAN** fields on your farm in **2014**. If you have questions, contact Professor **Patricio Grassini** (Phone: 402-472-5554 / e-mail: pgrassini2@unl.edu). Note that all provided info will be kept confidential! An **EXAMPLE** is shown in red.

	EXAMPLE:	2014 Soybean	2014 Soybean	2014 Soybean	2014 Soybean
Specify field location by Section: Township: Range. →	NE ¼ 25 : 20N : 26W	: : NW1/4 NE1/4 SW1/4 SE1/4	: : NW1/4 NE1/4 SW1/4 SE1/4	: : NW1/4 NE1/4 SW1/4 SE1/4	: : NW1/4 NE1/4 SW1/4 SE1/4
Please sketch-in the boundaries of your field location within the Section →					
OR GPS coordinates of field centroid: OR County & field location relative to Rd Intersection:	41.678, -100.257 Saunders Co, SW of Rd 11 & N				
Dryland? OR Pivot, Gravity? Indicate field size (acres)	Pivot (130 ac)				
Does this field have drainage? (no, old clay tile, new systematic tile, surface drainage, other)	No				
Total Inches of Irrigation Applied to crop?	5 inches				
SOYBEAN YIELD (bushels/acre) for this FIELD:	70				
Lowest Highest Yield (bu/ac) of your soy fields that year *Use <u>Irrigated</u> fields yield range if this crop was Irrigated: *Use <u>Dryland</u> fields yield range if this crop was Dryland:	Low: 62 High: 80	Low: High:	Low: High:	Low: High:	Low: High:
Planting Date in this FIELD (Month/Day/Year):	5/15/2014				
Variety Name (Brand & Number):	Pioneer P93M11				
Seeding Rate (seeds/ac):	125,000				
Row spacing (inches):	30				
Seed Treated (Yes/No)? What Brand Name Product(s)?	Yes (Cruiser-Max)				
Prior Crop in this FIELD? Residue harvested or grazed?	Corn - Grazed				
Tillage after prior crop? No-Till (NT); Ridge (RT); Strip (ST); Disk (D); Chisel (C); Vertical (V) – Indicate timing (month-year)	ST (March-2014)				
Any (non-starter) fertilizer after prior crop? Specify rate (pounds NUTRIENT/ac) and timing (month-year)	P₂O₅: 70 K₂O: 30 Other: S (11 lbs) Time: March-2014	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:	P ₂ O ₅ : K ₂ O: Other: Time:
Any STARTER fertilizer (Yes/No)? If Yes, specify nutrients	Yes (N, P, Zn)				
Any Lime (L) or Manure (M)? If yes, specify timing (mm-yy)	M (Nov-2013)				
PRE- or POST-emergence herbicide program or BOTH?	Both				
Any in-season foliar fungicide (F) / insecticide (I)?	F and I				
Soy Cyst Nematodes (Yes/No/I don't know)?	No				
Iron Deficiency Chlorosis (Yes/No)?	No				
Any significant yield loss due to Insects, Diseases, Weeds, Frost, Hail, Flood, Lodging? Specify problem	Frost (Sept-2014)				

