PRODUCER NAME (optional):

MAILING ADDRESS (optional):

Please provide information for four dryland or irrigated SOYBEAN fields on your farm in 2016. 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.

(Phone: 402-472-5554 / e-mail: <u>pgrassini2@uni.edu</u>). No	EXAMPLE:		2016 Soybean		2016 Soybean		2016 Soybean		2016 Soybean	
Specify field location by <u>Section</u> : <u>Township</u> : <u>Range</u> . —	<u>NE ¼ 25</u> : <u>20N</u> : <u>26W</u>		·::		·:::		;;;		::	
Please <u>sketch-in the boundaries of your field</u> location within the <u>Section</u>		NE1/4 SE1/4	NW1/4 SW1/4	NE1/4 SE1/4	NW 1/4	NE1/4	NW1/4 SW1/4	NE1/4 SE1/4	NW1/4 SW1/4	NE1/4 SE1/4
OR GPS coordinates of field centroid:	41.678, -1					<u> </u>				
OR County & field location relative to Rd Intersection:	Saunders Co, SW of									
Dryland? OR Pivot, Gravity? Indicate field size (acres)	Rd 11 & N Pivot (130 ac)									
Does this field have drainage? (no, old clay tile, new	No									
systematic tile, surface drainage, other)		,								
Total Inches of Irrigation Applied to crop?	4.5 inches									
SOYBEAN YIELD (bushels/acre) for this FIELD:	60									
Lowest Highest Yield (bu/ac) of your soy fields <u>that year</u> *Use <u>Irrigated fields yield range</u> if <u>this crop</u> was Irrigated: *Use <u>Dryland fields yield range</u> if <u>this crop</u> was Dryland:	Low: 50	High: 71	Low:	High:	Low:	High:	Low:	High:	Low:	High:
Planting Date in this FIELD (Month/Day/Year):	5/15/2016									
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 (Marc	h-2016)								
Any (non-starter) fertilizer after prior crop?	P ₂ O ₅ : 70	K ₂ O: 30	P ₂ O ₅ :	K ₂ O:	P ₂ O ₅ :	K ₂ O:	P ₂ O ₅ :	K ₂ O:	P ₂ O ₅ :	K ₂ O:
Specify rate (pounds NUTRIENT/ac) and timing (month-year)	Other: S (11 lbs) Time: March-2016		Other:		Other:		Other:		Other:	
			Time:		Time:		Time:		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-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	Weed infestation Hail (July-2016)									
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