

Producer name: _____ Mailing address: _____ Email: _____

Please provide information for four soybean fields on your farm in **2015**. If you have questions contact Mark Licht (515-294-0877 / lichtma@iastate.edu) or Daren Mueller (515-460-8000 / dsmuelle@iastate.edu). Note that all provided info will be kept confidential. **An EXAMPLE is shown in red in first column.**

This page is for the 2015 crop	EXAMPLE:	2015 Soybean	2015 Soybean	2015 Soybean	2015 Soybean
Specify field location by Section: Township: Range. →	→	→	→	→	→
Please sketch in the boundaries of this field within the section, whether or not section number is given above →	→				
GPS coordinates of approx. center of the field OR County & approx. field location by road number	42.1558, -93.5321 Story Co. 130 th St & 580 th Ave				
Field size in acres	40				
Type of drainage: none, old clay tile, some newer tile, newer systematic tile, surface drainage, other	Some newer tile				
Yield in this field in 2015:	64				
Low High: Yield range across all of your soybean fields in 2015: Number of soybean fields in 2015: _____	Low: 50 High: 73	Low: High:	Low: High:	Low: High:	Low: High:
Planting Date in this field (month/day):	5/10				
Variety Name (brand & number):	Pioneer P33T60				
Seeding Rate (seeds/ac):	140,000				
Row spacing (inches):	30				
Seed Treated? If so give product Brand Name Product	CruiserMaxx				
Crop in this field in 2014 (yield); Residue harvested or grazed?	Corn (215); no				
Tillage after 2014 crop? No-Till; Ridge; Strip; Disk; Chisel/combo; Finisher; Vertical – Indicate tool and timing	Combo 11/14 Spring finisher				
Fertilizer after 2014 crop? Specify rate (pounds NUTRIENT/ac) and timing (month/year)	P ₂ O ₅ : 0 K ₂ O: 0 Other: S (11) Time: 3/15	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/planting-time fertilizer? What nutrient(s)?	no				
Any Lime (L) or Manure (M)? If yes, specify timing (mo/yr)	L (11/14)				
PRE- or POST-emergence herbicide program or BOTH?	Both				
Any in-season foliar fungicide (F) / insecticide (I)?	F and I				
Soy Cyst Nematodes (Yes-level/No/I don't know)	Yes-low				
Iron Deficiency Chlorosis (Yes/No)?	No				
Any significant yield loss due to insects, diseases, weeds, frost, hail, flood, lodging? Specify problem and extent	SDS (low) Hail (7/15)-low				



Producer name: _____ Mailing address: _____ Email: _____

This page is for the 2014 crop	EXAMPLE:	2014 Soybean	2014 Soybean	2014 Soybean	2014 Soybean
Specify field location by <u>Section</u> : <u>Township</u> : <u>Range</u> . → Please sketch in the boundaries of this field within the section, whether or not section number is given above →					
GPS coordinates of approx. center of the field OR County & approx. field location by road number	42.1558, -93.5321 Story Co. 130 th St & 580 th Ave				
Field size in acres	40				
Type of drainage: none, old clay tile, some newer tile, newer systematic tile, surface drainage, other	Some newer tile				
Yield in this field in 2014:	64				
Low High: Yield range across all of your soybean fields in 2014: Number of soybean fields in 2014: _____	Low: 50 High: 73	Low: High:	Low: High:	Low: High:	Low: High:
Planting Date in this field (month/day):	5/10				
Variety Name (brand & number):	Pioneer P33T60				
Seeding Rate (seeds/ac):	140,000				
Row spacing (inches):	30				
Seed Treated? If so give product Brand Name Product	CruiserMaxx				
Crop in this field in 2014 (yield); Residue harvested or grazed?	Corn (215); no				
Tillage after 2013 crop? No-Till; Ridge; Strip; Disk; Chisel/combo; Finisher; Vertical – Indicate tool and timing	Combo 11/14 Spring finisher				
Fertilizer after 2013 crop? Specify rate (pounds NUTRIENT/ac) and timing (month/year)	P ₂ O ₅ : 0 K ₂ O: 0 Other: S (11) Time: 3/15	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:
Any starter/planting-time fertilizer? What nutrient(s)?	no				
Any Lime (L) or Manure (M)? If yes, specify timing (mo/yr)	L (11/14)				
PRE- or POST-emergence herbicide program or BOTH?	Both				
Any in-season foliar fungicide (F) / insecticide (I)?	F and I				
Soy Cyst Nematodes (Yes-level/No/I don't know)	Yes-low				
Iron Deficiency Chlorosis (Yes/No)?	No				
Any significant yield loss due to insects, diseases, weeds, frost, hail, flood, lodging? Specify problem and extent	SDS (low) Hail (7/15)-low				

