

# **TAB 4**

## **Field Records**

# 2017 Air-cured Field Records

(Complete each page in this section for each field/tract\*)

**Nutrient Management**

Soil Testing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Keep copy of soil test results)

Soil Type: \_\_\_\_\_

**Liming**

Date of last lime application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rate of lime: \_\_\_\_\_ tons/acre

**Fertilizer Records**

Date	Application Timing	Analysis (N-P-K)	lbs/acre
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		

**Manure Applications**

Date	Type of Manure	Rate

**Transplanting**

Date of Transplanting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transplant Batch Number\*\*: \_\_\_\_\_

Plant Population (plants per acre): \_\_\_\_\_ Row Width: \_\_\_\_\_ Plant Spacing in row: \_\_\_\_\_

**Topping Records**

Date of Topping	Height at Topping (number of leaves)

\*Photocopy pages if you have multiple fields/tracts in tobacco production.  
 \*\*This is the identification number you created on in Greenhouse and Transplant Records





# **TAB 5**

## **Curing Facilities**

# 2017 Air-cured Curing Facilities

Farm Name	Barn/ Structure ID	Type	Barn Size (stick capacity)	Ventilation	Ventilation Locations	Barn Construction Material	Topography of Barn Location
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
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		<input type="checkbox"/> Outdoor structure <input type="checkbox"/> Multi-tier Vertical Tier Spacing: _____		<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Open sides <input type="checkbox"/> Open doors <input type="checkbox"/> Plastic covered <input type="checkbox"/> Other: _____	<input type="checkbox"/> Metal siding <input type="checkbox"/> Wood siding <input type="checkbox"/> Metal over wood siding	<input type="checkbox"/> High ground -sheltered <input type="checkbox"/> High ground - open <input type="checkbox"/> Low ground - sheltered <input type="checkbox"/> Low ground - open
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