

University of Georgia

Sweet Corn Tolerance to Callisto.

Trial ID: Veg32-06
 Location: TyTy

Study Dir.: Andrew MacRae
 Investigator: Stanley Culpepper

Reps: 4 Plots: 12 by 25 feet
 Spray vol: 14.8 gal/ac Mix size: 2 liters (min 1.9292)

Trt No.	Treatment Name	Form Conc	Form Unit	Form Type	Rate	Rate Unit	Grow Stg	Appl Code	Amt to Measure	Product	Plot No. By Rep			
											1	2	3	4
1	Callisto	4	LB/GAL	SC	6	OZ/A	PRE	A	6.334 ml/mx		101	210	309	410
2	Callisto COC	4	LB/GAL	SC	3	OZ/A	spike	B	3.167 ml/mx 20.0 ml/mx		102	207	301	402
3	Callisto NIS	4	LB/GAL	SC	3	OZ/A	spike	B	3.167 ml/mx 4.999 ml/mx		103	208	306	409
4	Callisto COC	4	LB/GAL	SC	3	OZ/A	2 leaf	C	3.167 ml/mx 20.0 ml/mx		104	202	307	406
5	Callisto NIS	4	LB/GAL	SC	3	OZ/A	2 leaf	C	3.167 ml/mx 4.999 ml/mx		105	209	302	404
6	Callisto COC	4	LB/GAL	SC	3	OZ/A	4 leaf	D	3.167 ml/mx 20.0 ml/mx		106	201	308	407
7	Callisto NIS	4	LB/GAL	SC	3	OZ/A	4 leaf	D	3.167 ml/mx 4.999 ml/mx		107	203	310	408
8	Callisto COC	4	LB/GAL	SC	3	OZ/A	6 leaf	E	3.167 ml/mx 20.0 ml/mx		108	204	305	403
9	Callisto NIS	4	LB/GAL	SC	3	OZ/A	6 leaf	E	3.167 ml/mx 4.999 ml/mx		109	205	303	405
10	Weed-free Check										110	206	304	401

Sort Order: Treatment

Product quantities required for listed treatments and applications in one trial:

Amount*	Unit	Treatment Name	Form Conc	Form Type	Lot Code
39.590	ml	Callisto	4	SC	
99.989	ml	COC			
24.997	ml	NIS			

* 'Per area' calculations based on spray volume= 14.8 gal/ac, mix size= 2 liters (mix size basis).

* Product amount calculations increased 25 % for overage adjustment.

* 'Per volume' calculations use spray volume= 14.8 gal/ac, mix size= 2 liters.

Trial Comments

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GENERAL TRIAL INFORMATION

Study Director: Andrew MacRae **Title:** _____
Affiliation: _____
Postal Code: _____

Investigator: Stanley Culpepper **Title:** _____
Affiliation: _____
Postal Code: _____

TRIAL LOCATION

City: _____ **Trial Status:** _____
State/Prov.: _____ **Trial Reliability:** _____
Postal Code: _____ **Initiation Date:** _____
Country: _____ **Planned Completion Date:** _____
E-Longitude of LL Corner °: _____ **N-Latitude of LL Corner °:** _____
Altitude of LL Corner: _____ **Unit:** _____ **Angle y-axis to North °:** _____
Directions: _____

COOPERATOR/LANDOWNER

Cooperator: _____ **Country:** _____
Org: _____ **Phone No:** _____
Address 1: _____ **Fax No:** _____
Address 2: _____
City: _____
State/Prov: _____
Postal Code: _____

Conducted Under GLP (Y/N): N **Conducted Under GEP (Y/N):** N
Guidelines: _____ **Guideline Description:** _____

Objective: _____

Conclusions: _____

CROP AND WEED DESCRIPTION

Weed	Code	Common Name	Scientific Name
1.			

Crop 1: _____ **Variety:** _____
Planting Date: _____ **Planting Method:** _____
Rate: _____ **Depth:** _____ **Perennial Age:** _____
Row Spacing: _____ **Spacing Within Row:** _____ **Seed Bed:** _____
Soil Temperature: _____ **Soil Moisture:** _____ **Emergence Date:** _____

SITE AND DESIGN

Plot Width, Unit: 12 FT **Plot Length, Unit:** 25 FT **Reps:** 4
Site Type: _____
Tillage Type: _____ **Study Design:** RANDOMIZED COMPLETE BLOCK

Trial Initiation Comments: _____

	Previous Crops	Previous Pesticides	Year
1.			

MAINTENANCE

Field Prep./Maintenance: _____

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No.	Date	Maintenance Treatment Name	Form Conc	Form Unit	Form Type	Rate	Rate Unit
1.							

SOIL DESCRIPTION

% Sand: _____ % OM: _____ Texture: _____
 % Silt: _____ pH: _____ Soil Name: _____
 % Clay: _____ CEC: _____ Fert. Level: _____

ADDITIONAL MEASURED ELEMENTS

Element	Quantity	Unit

MOISTURE CONDITIONS

No.	Date	Time	Amount	Unit	Type	Interval	Unit
1.							

Overall Moisture Conditions: _____

Closest Weather Station: _____ Distance: _____ Unit: _____

APPLICATION DESCRIPTION

	A
Application Date:	
Time of Day:	
Application Method:	
Application Timing:	
Applic. Placement:	
Air Temp., Unit:	
% Relative Humidity:	
Wind Velocity, Unit:	
Dew Presence (Y/N):	
Water Hardness:	
Soil Temp., Unit:	
Soil Moisture:	
% Cloud Cover:	

CROP STAGE AT EACH APPLICATION

	A
Crop 1 Code, Stage:	
Stage Scale:	
Height, Unit:	

WEED STAGE AT EACH APPLICATION

	A
Weed 1 Code, Stage:	
Stage Scale:	
Density, Unit:	

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APPLICATION EQUIPMENT

	A
Appl. Equipment:	
Operating Pressure:	
Nozzle Type:	
Nozzle Size:	
Nozzle Spacing, Unit:	
Nozzles/Row:	
Band Width, Unit:	
Boom Length, Unit:	
Boom Height, Unit:	
Ground Speed, Unit:	
Incorporation Equip.:	
Hours to Incorp.:	
Incorp. Depth, Unit:	
Carrier:	
Spray Volume, Unit:	
Spray pH:	
Propellant:	
Tank Mix (Y/N):	

Trt No	Treatment Application Comment