

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
TART CHERRY ORCHARD MAP**

GROWER NAME: _____ **CIAB #:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

BLOCK NAME: _____ **COUNTY:** _____

Township: _____ **Section #:** _____ **T:** _____ **R:** _____ **S:** _____ (Example: T2N, R1W, S12)

GPS Info, Optional and if Available

Lat.	Long.
Row 1, Tree 1	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 2	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 3	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 4	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 5	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 6	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 7	___ E ___ ' ___ " / ___ E ___ ' ___ "
Point 8	___ E ___ ' ___ " / ___ E ___ ' ___ "

BLOCK LOCATION: _____

NEAREST CROSSROADS: _____ **and** _____

LOCATION DIRECTIONS: _____

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES

ACRES: _____ **SPACING:** N x N **VARIETY:** 9 Montmorency 9 Balaton 9
EST. OF LIVE TREES REMAINING: % **Meteor (optional)** 9 **Other** _____

ROW NO. 1 IS ON THE 9 North 9 South 9 East 9 West **SIDE OF THE FIELD.**

PLEASE NOTE: PLEASE MAP THE BLOCK AS IT WAS ORIGINALLY PLANTED.

<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>	<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>	<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>
1			21			41		
2			22			42		
3			23			43		
4			24			44		
5			25			45		
6			26			46		
7			27			47		
8			28			48		
9			29			49		
10			30			50		
11			31			51		
12			32			52		
13			33			53		
14			34			54		
15			35			55		
16			36			56		
17			37			57		
18			38			58		
19			39			59		
20			40			60		

IF THE BLOCK IS LARGER THAN 60 ROWS, USE ANOTHER MAP FOR THE CONTINUATION AND INDICATE THAT THE SECOND MAP IS A CONTINUATION OF THE FIRST. ATTACH OR DRAW MAP(S) THAT SHOWS BLOCK LOCATION USING SECTIONS, TOWNS, ROADS, and/or OTHER IMPORTANT LANDMARKS SO THAT THE BLOCK CAN BE EASILY FOUND.

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT MAPPING OF THE ORCHARD TO WHICH IT APPLIES.

Grower Signature _____ **Date:** _____

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