PA-TACF Grower's General Questionnaire	Date:
Name:	Orchard Name:
Title:	Directions to Planting Site: please use back if you need more
Address:	space:
City/State/Zip:	
Telephone: (h) (w/c)	E-mail:
Please answer the following questions for each orchard	d you may have. If procedures differ between orchards, please match cedures differ to a great degree for a particular orchard, please feel free
1. Orchard Name(s):	GPS Coordinates:
2. Date of Planting:	
3a. Tree Spacing: 3b. Row Spacing	ng: 3c. Slope:
4. Were the trees planted as (circle one): seeds	seedlings other (specify):
other(please specify):	rcle)? Plowed drilled holes (size?)
planting medium(type:	)
6a. What sort of weed control methods do you us manual Mulch (t	se? herbicide (type:)
6b. Diameter of weed control area?  Note: We recommend 2ft. diameter of we recommend that the area extend t	reed free area for new trees. For older trees, we to the drip line.
<ul><li>7b. What formulation(s) of fertilizer do you use?</li><li>7c. How often do you apply fertilizer?</li></ul>	d?
8. Do you used tree shelters? What heigh	nt? What color?What diameter?
9. What sort of pest problems do you have? grul moth rabbits mice groundhogs of	bs bear deer Japanese beetle aphids gypsy other:
	use (or have used) to defend your trees against those ethods and match method to particular pest)?
10b. Have you found that some methods work be	etter than others? If so, which ones?

11. Please use back of sheet for any additional comments/suggestions/questions you may have.

If you haven't already done so, please prepare a map of your planting showing North and <u>place a large</u> <u>visible metal stake close to tree #1.</u>