

HOG REPORT December 1, 2006



North Carolina Field Office
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 Raleigh, NC 27611
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 E-mail: nass-nc@nass.usda.gov

Information requested in this survey is used to prepare estimates of current and future supplies of meat. Facts about your operation are **confidential** and used only in combination with similar reports from other producers. Response is **voluntary**.

| Stratum | POID | Tract | Subtr. |
|---------|-------|-------|--------|
| _____ | _____ | _____ | _____ |

| Attempted Contacts | | |
|--------------------|------|-------|
| Date | Time | Notes |
| | | |
| | | |

[Verify name and mailing address of this operation. Make corrections (including the correct operation name) on the label and continue.]

[Check if name label verified]

2. Has this operation **owned** or **raised hogs or pigs** at any time since **September 1, 2006?** (Including hogs and pigs raised under contract.)

Yes –[Go to **Item 3.**]

No - Were any hogs or pigs owned by someone else on this operation on **December 1?**

Yes – [Go to **Item 11a** on **Page 3.**]

No – [Go to **Section 2** on **back.**]

3. Are the day-to-day decisions for this **operation** made by one individual, a hired manager, or partners? [Check one]

One individual – [Go to **Section 1.**]

A hired manager – [Go to **Section 1.**]

Partners – How many partners make the day-to-day decisions?

[Enter number of partners, including the partner named on the label. Identify the other persons in this partnership in the boxes on the next page, then continue with **Section 1.**].....

Number

| | |
|---|---|
| <p>A</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____</p> <p>Did this partner own hogs individually on December 1, 2006</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>B</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____</p> <p>Did this partner own hogs individually on December 1, 2006</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>C</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____</p> <p>Did this partner own hogs individually on December 1, 2006</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>D</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____</p> <p>Did this partner own hogs individually on December 1, 2006</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Continue on Next Page

| Office Use | | | | R. Unit | Dec 1 | Subst. |
|------------|-----------|-----------|-----------|---------|-------|--------|
| Ptr A Str | Ptr B Str | Ptr C Str | Ptr D Str | | | |
| 925 | 926 | 927 | 928 | 921 | 931 | 941 |

Section 1 - Hogs and Pigs Owned

1. On **December 1**, did this operation (named on label) **Own** any **Hogs or Pigs**, regardless of location? (Including hogs or pigs being raised under contract for you by someone else.)

Yes - [Go to **Item 2**.]

No -

Did this operation **Own Hogs or Pigs at any time** from **September 1** through **November 30, 2006**?

Yes - [Go to **Item 7**.]

No - Were any **Hogs or Pigs Owned by Someone Else** on this operation on **December 1**?

Yes - [Go to **Item 11 a**.]

No - [Go to **Section 2** .]

2. How many **Sows** and **Gilts** for **Breeding** were owned by this operation on **December 1**? (Including unweaned gilts intended for breeding).....

| Number Owned December 1 |
|----------------------------|
| 301 |

a. How many of the [Item 2] Sows and Gilts are **Expected to Farrow** during **December 2006, January, or February 2007**?.....

| |
|-----|
| 331 |
| 332 |

b. How many of the [Item 2] Sows and Gilts are **Expected to Farrow** during **March, April, or May**?.....

3. How many **Boars** and **Young Males** for **Breeding** were owned by this operation on **December 1**? (Including unweaned boar pigs intended for breeding).....

| |
|-----|
| 302 |
|-----|

4. Of the **Hogs and Pigs** for **Market** and **Home Use** owned by this operation on **December 1**, how many were in each of the following four weight groups? (Excluding breeding hogs and pigs reported in [Item 2] or [Item 3].)

a. Under 60 pounds? (Including unweaned pigs intended for market or home use.).....

| |
|-----|
| 311 |
|-----|

b. 60 – 119 pounds?.....

| |
|-----|
| 312 |
|-----|

c. 120 – 179 pounds?.....

| |
|-----|
| 313 |
|-----|

d. 180 pounds and over? (Including sows and boars no longer used for breeding).....

| |
|-----|
| 314 |
|-----|

5. [Add Items 2 + 3 + 4a + 4b + 4c + 4d and verify the total. If necessary, make corrections before continuing.]

Then the **Total Hogs and Pigs** owned by this operation on **December 1** was:.....

| |
|-----|
| 300 |
|-----|

6. Did this operation own any hogs or pigs in another State on **December 1?**

Yes - Enter Code 1.

No - Enter Code 3.

| Code |
|------|
| 321 |

**[If Yes, verify this report includes ONLY hogs owned in this State.
Complete a separate report for hogs owned in each of the other States.]**

Completion Code – Hogs Owned

| | |
|---------------------------|-----|
| 1 – Incomplete, Owns Hogs | 598 |
| 2 – Incomplete, Unknown | |
| 3 – No Hogs Owned | |

Hogs and Pigs Owned (Continued)

Farrowings and Pig Crop from September 2006 through November 2006

7. Did any **Sows or Gilts owned by this operation Farrow** during the **Last Three Months?** (September – November)

- Yes** – [Complete the following for each month starting with the most recent month]
- a. How many **Sows and Gilts Owned by this Operation Farrowed** during (month)?

Farrowings

| November Sows | October Sows | September Sows |
|---------------|--------------|----------------|
| 888 | 891 | 894 |

- b. How many of the **Pigs** from these (Item a) litters were:
- (i) **Owned by this operation on December 1?**
- (ii) **Sold or Slaughtered before December 1?**

Pig Crop

| November Pig Crop | October Pig Crop | September Pig Crop |
|-------------------|------------------|--------------------|
| 889 | 892 | 895 |
| 890 | 893 | 896 |

No – [Continue]

Completion Code – Farrowings

| | |
|------------------------------------|-----|
| 1 – Incomplete, Has Farrowings | 599 |
| 2 – Incomplete, Farrowings Unknown | |
| 3 – No Farrowings | |

Death Loss from September 2006 through November 2006

8. How many **Weaned Pigs and Older Hogs Owned by this Operation Died** during **September, October, and November 2006?**

335

Breeding Hog Value

[If no breeding hogs (sows, gilts, or boars) were reported in Item 2 or Item 3, go to Item 10.]

9. What is the **Average Value per Head (replacement value)** of hogs and pigs used and to be used for **Breeding?** (Nearest whole dollar)

877

Dollars

Contract Hog and Pig Production

10. Were any **Hogs or Pigs owned by this operation** being raised **Under Contract by another person or firm on December 1?**

- Yes** – a. How many **Producers** were raising hogs or pigs for you under contract on **December 1?**
- b. How many **Hogs and Pigs** (owned by this operation) were these (Item a) **Producers raising for you under contract on December 1?**
- [Verify that these hogs and pigs ARE included in the (Item 5) Total, then continue.]

317

333

No - [Continue]

11. Were any Hogs or Pigs Owned by Someone Else on this operation on **December 1?**

- Yes** – a. How many Hogs and Pigs **Owned by someone else** were on this operation on **December 1?**

322

- b. Who owns the hogs and pigs?
.....
- c. Is this hog owner a **contractor?**
- Yes** **No**

[Verify that these hogs and pigs ARE NOT included in Item 5 on the previous page.]

[Complete a separate questionnaire for these Item a hogs.]

No - [Continue]

(Owner's Name, Address, & Phone Number)

Name _____

Address _____

City, St., Zip _____

Phone _____

- [Complete Section 2 only if the operation shown on the label DOES NOT own hogs or raise hogs under contract, otherwise go to Section 3.]

Completion Code – Hog Presence

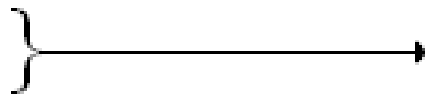
| | |
|----------------------------------|-----|
| 1 – Incomplete, Hogs Present | 499 |
| 2 – Incomplete, Unknown Presence | |
| 3 – Valid Zero | |

Section 2 – Intentions To Own or Raise Hogs

• [Complete Section 2 only if the operation shown on the label DOES NOT own hogs or raise hogs under contract, otherwise go to Section 3.]

1. Will the operator on the label raise hogs or pigs on this operation at any time between now and June 1, 2007?

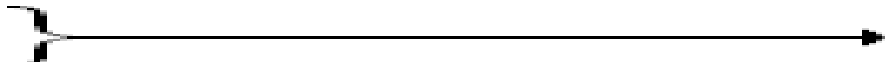
- Yes [Enter code 1, then go to Section 3.]
 Don't Know [Enter code 2, then continue with Item 2.]
 No [Enter code 3, then continue with Item 2.]



| Code |
|------|
| 492 |

2. Does this operation (named on the label) own and operate any buildings, structures, or facilities for raising hogs or pigs? (Such as buildings used for breeding, farrowing, finishing, etc.)

- Yes [Enter code 1.]
 No [Enter code 3.]



| Code |
|------|
| 488 |

3. Has this operation sold, rented, or turned over any hog facilities to someone else?

- Yes [Continue.] No [Go to Item 5.]

4. Who is using the hog facilities now?

[Obtain the name and address of the person or firm now using the facilities. Complete a separate questionnaire for this operation.]

Operation Name: _____

Operator Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

[Write a note to describe the current status of this operation, then continue with Section 3.]

5. Was the operator (name on label) operating a farm or ranch on December 1, 2006? (Including growing crops or raising livestock.)

- Yes Don't Know No

Section 3 – Conclusion

• [If the opDomStatusid on label is 99, go to item 2.]

1. Do you (the operator named on the label) make any day-to-day decisions for another hog operation?

- Yes - What is the name of the other hog operation(s): _____
 No - [Continue]

[Complete a separate questionnaire for this operation.]

To assist in identifying duplication with our list of farm operators, please report the operator's Social Security Number (SSN). If available, a Federal Employer Identification Number (EIN), would also be helpful. Disclosure of the SSN and EIN is voluntary and is collected under the general authority of Title 7, Section 2204, of the U.S. Code.

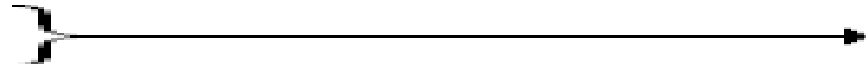
| Operator's SSN |
|----------------|
| 470 _____ |

| Federal EIN |
|-------------|
| 466 _____ |

2. Would you like to receive a copy of the results of this survey in the mail?

(The survey results will also be available on the Internet at <http://www.nass.usda.gov> after 3:00 pm ET on December 27, 2006.)

- Yes - [Enter code 1.]
 No - [Enter code 3.]



| Code |
|------|
| 099 |

This completes the survey. Thank you for your help.

Respondent's Name: _____ Phone: (____) _____

| | | | |
|-------|----|----|----|
| 9910 | MM | DD | YY |
| Date: | __ | __ | __ |

| Response | Respondent | Mode | Enum. | Eval. | Office Use for POID |
|--|--|---|-------------|-------|---------------------------|
| 1-Comp 2-R 3-Inac 4-Office Hold | 9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner | 9902 1-Mail 2-Tel 3-Face-to-Face 4-CATI | 9903 098 | 100 | 789 _____-_____-_____- |

| | | | | | | | | | |
|---|--|-------|--|--|--|--|--|---------------------|-----|
| 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero | | 9-Oth | | 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other | | | | Optional Use | |
| | | | | | | | | 407 | 408 |
| S/E Name | | | | | | | | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 10 minutes per response.