

DRY BEAN INQUIRY 2006



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Washington Field Office
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Please make corrections to name, address and Zip Code, if necessary.

1. Did you plant dry beans on your farm during 2006?

- Yes, please continue.
- No, please complete item 2 and return questionnaire.

2. To avoid duplication, indicate below any farm name or partner(s) associated with this operation **not** included in the above address.

Farm Name: _____

Partner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

If not farming, check (✓) reason below:

- 1. Farm sold.
- 2. Entire farm rented to others.
- 3. Retired from farming.

3. Report for the acreage you operated in 2006. **Include** land rented from others. **Exclude** land rented to others. **Exclude soybean acreage and production.**

Dry Bean Class	Acreage		Production			
	Planted Acres	Harvested Acres	Unclean Pounds		Clean Pounds	
Navy (pea).....	0500	0201	0301	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0401	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Black.....	0102	0202	0302	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0402	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Cranberry.....	0103	0203	0303	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0403	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Dark Red Kidney.....	0104	0204	0304	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0404	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Light Red Kidney.....	0105	0205	0305	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0405	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Small Red.....	0106	0206	0306	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0406	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Great Northern.....	0107	0207	0307	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0502	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Pinto.....	0108	0208	0308	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0408	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Other (specify): _____	0109	0209	0309	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0409	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
TOTAL DRY BEANS	0501	0200	0300	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	0400	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.

Please comment on the 2006 crop: _____

Respondent Name: _____ Phone: (____) _____ Date: _____

OFFICE USE									
Response		Respondent		Mode		Enum.	Eval.	Date	
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	0098	0100	9910	MM DD YY ____ _
2-R		2-Sp		2-Tel					
3-Inac		3-Acct/Bkpr		3-Face-to-Face					
4-Office Hold		4-Partner		4-CATI					
5-R - Est		9-Oth		5-Web					
6-Inac - Est				6-e-mail					
7-Off Hold - Est				7-Fax					
8-Known Zero				8-CAPI					
				19-Other					

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 to complete this information collection is estimated to average 15 minutes per response.