

AG YIELD SURVEY

September 2006



South Dakota Field Office
 P.O. Box 5068
 Sioux Falls, SD 57117-5068
 605-330-4235
 Fax: 1-800-922-2098
 E-mail: nass-sd@nass.usda.gov

Dear Producer:

Your help is needed to prepare crop estimates to be published in the September 12th Crop Production report. Response to this survey is voluntary. Facts about your operation will be kept CONFIDENTIAL and used only in combination with similar reports from other producers for statistical summaries.

If you have any questions about the survey, please feel free to call 1-800-338-2557.

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

Stratum	POID	Tract	Subtr.
_ _ _ _	_ _ _ _ _ _ _ _	_ _	_ _

If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for each of the following crops. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (**Exclude** information for land rented to others.)

CORN

Harvested and to be harvested (grain and seed only)

.....

Expected yield for grain and seed

.....

	IRRIGATED	NON-IRRIGATED
Acres	544	538
Bu. per Acre	159	169

SORGHUM

Harvested and to be harvested (grain and seed only)

.....

Expected yield for grain and seed

.....

	TOTAL CROP
Acres	571
Bu. per Acre	747

SOYBEANS

Planted for all purposes

.....

Harvested and to be harvested for beans

.....

Expected yield for beans

.....

Acres	600
Acres	599
Bu. Per Acre	157

SECTION 2 - CONCLUSION

If you no longer operate this farm or ranch, please provide the name and address of the new operator.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

COMMENTS: _____

Would you like to receive a free copy of the results of this survey in the mail?
 (The results will also be available on the Internet at <http://www.nass.usda.gov>, after 8:30 a.m. ET on September 12, 2006.)

Yes = 1. 099

This completes the survey. Thank you for your help.

Reported by: _____ Phone : (_____) _____ Date: _____

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.

9910	MM	DD	YY
DATE: _____			
Office Use for POID			
789			
_ _ _ _ - _ _ _ - _ _ _ _			
R. Unit			
921			
Optional Use			

Response	9901	Respondent	9902	Mode	9903	Enum.	998	Eval.	100	789
1-Comp		1-Op/Mgr		1-Mail						
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						
										Optional Use

6-Inac – Est 7-Off Hold – Est 8-Known Zero				6-e-mail 7-Fax 8-CAPI 19-Other				407	408
S/E Name									