

AG YIELD SURVEY

October 2006



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Iowa Field Office
210 Walnut St., Room 833
Des Moines, IA 50309
1-800-772-0825
Fax: 1-800-719-1794
E-mail: nass-ia@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the October 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.

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

Stratum	POID	Tract	Subtr.
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If you have any questions about the survey, please feel free to call 1-800-772-0825.

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

Has harvest been completed?

YES = 1

TOTAL CROP	
Acres	531
Bu. per Acre	154

SOYBEANS

Harvested and to be harvested for beans

Expected yield for beans

Has harvest been completed?

YES = 1

Acres	599
Bu. Per Acre	157

ALFALFA & ALFALFA MIXTURES for HAY

(**Include** only Dry Hay from all expected cuttings)
(Count each acre only once, regardless of the number of cuttings or different uses.)

(_____ bales and _____ wt. / bale)

ALL OTHER HAY (**Include** only Dry Hay from all expected cuttings)

(Count each acre only once, regardless of the number of cuttings or different uses.)
(**Exclude** alfalfa and alfalfa mixtures)

(_____ bales and _____ wt. / bale)

Acres	653
Tons per Acre	578
Acres	654
Tons per Acre	579

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:** _____

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 October 12,
 2006.)

Yes = 1.

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.

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								DD	YY
								DATE: _____	
Response	Respondent	Mode		Enum.	Eval.	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789	
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				-----	
								R. Unit	Optional Use
								921	

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