

AG YIELD SURVEY

May 2007



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Nebraska Field Office
 P.O. Box 81069
 Lincoln, NE 68501
 1-800-582-6443
 Fax: 1-888-814-6117
 E-mail: nass-ne@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the May 11th 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 1-800-582-6443.

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

Stratum	POID	Tract	Subtr.
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If the contact person for this FSA Farm has changed from the one on the label, go to Section 2.

SECTION 1 - CROP ACREAGE, YIELD, and HAY STOCKS ON THIS FSA FARM

Please report the acres planted, acres for harvest and yield per acre you expect to harvest from this FSA Farm for each of the following crops. If harvest is not complete, make your best estimate of the final yield for acres harvested and to be harvested on this FSA Farm.

WINTER WHEAT

Planted for all purposes on this FSA Farm (Including cover crop)	Acres	540
Harvested and to be harvested (grain and seed only)	Acres	541
Expected yield for grain and seed	Bu. Per Acre	151

HAY STOCKS

What was the TOTAL PRODUCTION for ALL HAY (include only DRY HAY from all cuttings) harvested on this FSA Farm last year? (2006 crop)

(_____ bales and _____ wt. per bale) Tons 076

Report ALL OLD CROP HAY STORED MAY 1, 2007 on this FSA Farm regardless of where produced. (Include only DRY HAY produced in 2006 and earlier years.)

(_____ bales and _____ wt. per bale) Tons 075

SECTION 2 - CONCLUSION

If the contact person has changed, please provide the name and address of the new contact person.

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 <http://www.nass.usda.gov>, after 8:30 a.m. ET on May 11, 2007) Yes = 1 No = 3 099

This completes the survey. Thank you for your help.

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

FOR OFFICE USE ONLY									
Respondent			Response Code			Enum.	Eval.	Julian Date	R. UNIT
1-Op/Mgr	8-Office Hold	101	1-Mail	7-TR	910	098	100	987	921
2-Sp	9-Partner		2-Tel	8-IR					
3-Acct/Bkpr			3-Int	9-Inac					
4-Oth			6-Mail R						

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.

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Response	Respondent	Mode	Enum.	Eval.	Office Use for POID
1-Comp	9901	1-Op/Mgr	9903	100	789
2-R		2-Sp			
3-Inac		3-Acct/Bkpr			
4-Office Hold		4-Partner			
5-R - Est		9-Oth			
		1-Mail	098		
		2-Tel			
		3-Face-to-Face			
		4-CATI			
		5-Web			
				R. Unit	
				921	Optional Use

9910 MM DD YY
DATE: _____

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