

DRY BEAN INQUIRY 2008



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

North Dakota Field Office
P.O. Box 3166
Fargo, ND 58108-3166
Fax: 701-239-5613
Email: nass-nd@nass.usda.gov

Your help is needed to prepare final acreage and production estimates dry beans by commercial classes by **2008** in **North Dakota**. Response to this survey is voluntary and not required by law, but grower's input is necessary for reliable survey results. Individual reports are kept confidential and are used only to prepare State totals. Please note the instructions before completing your report. A postage paid return envelope is enclosed for your convenience. A prompt reply will ensure that your report will be included in our summary.

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

1. Did you plant dry beans on your farm during 2008?

- 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 2008. Include land rented from others. Exclude land rented to others. Exclude soybean acreage and production.

Dry Bean Class	Acreage		Yield		Production	
	Planted Acres	Harvested Acres	Unclean Pound		Clean Pounds	
Navy (pea)	500	201	301	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	401	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Black Turtle.	102	202	302	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	402	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Pink	103	203	303	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	403	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Dark Red Kidney.	104	204	304	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	404	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Light Red Kidney.	105	205	305	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	405	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Small Red.	106	206	306	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	406	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Great Northern.	107	207	307	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	502	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Pinto.	108	208	308	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	408	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.
Other (specify): _____	109	209	309	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	409	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.

TOTAL DRY BEANS	501	200	300	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.	400	<input type="checkbox"/> lb. <input type="checkbox"/> cwt.

Please comment on the 2008 crop: _____

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

OFFICE USE						
Response	Respondent	Mode	Enum.	Eval.	Date	
1-Comp	9901	1-Mail	9903	098	100	9910
2-R	2-Sp	2-Tel				MM DD YY
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.