



AG YIELD SURVEY NOVEMBER

November 2010



Illinois Field Office
 P.O. Box 19283
 Springfield, IL 62794-9283
 1-800-622-9865
 Fax: 1-800-811-3913
 E-mail: nass-il@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the November 9th Crop Production report. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**.

If you have any questions about the survey, please feel free to call 1-800-622-9865.

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

Stratum	POID	Tract	Subtr.
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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.)

		TOTAL CROP
CORN		531
	Harvested and to be harvested (<i>grain and seed only</i>) Acres	
	Expected yield for grain and seed Bu. per Acre	154

		TOTAL CROP
SORGHUM		571
	Harvested and to be harvested (<i>grain and seed only</i>) Acres	
	Expected yield for grain and seed Bu. per Acre	747

SOYBEANS, single cropped		759
	Harvested and to be harvested for beans Acres	
	Expected yield for beans. Bu. Per Acre	396

SOYBEANS, double cropped		760
	Harvested and to be harvested for beans Acres	
	Expected yield for beans Bu. Per Acre	397

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: _____

Survey Results: To receive the complete results of this survey on the release date, go to <http://www.nass.usda.gov/results>.

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 . . . 099

This completes the survey. Thank you for your help.

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

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0535-0213. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

9910	MM	DD	YY
DATE: _____			

Response	Respondent	Mode	Enum.	Eval.	Office Use for POID
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1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903	098	100	789
							R. Unit	
							921	Optional Use
								407
								408

S/E Name