



DRY BEAN INQUIRY 2011



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

North Dakota Field Office
P.O. Box 3166
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Your help is needed to prepare final acreage and production estimates for dry beans by commercial classes by **2011** in **North Dakota**. Under Title 7 of the U.S. Code 3 and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**. 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 2011?

- 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 2011. Include land rented from others. Exclude land rented to others. Exclude soybean acreage and production.

Dry Bean Class	Acreage		Production			
	Planted Acres	Harvested Acres	Unclean Pounds		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 2011 crop: _____

SURVEY RESULTS: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results

Would you rather have a brief summary mailed to you at a later date? Yes No

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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 0535-0002. The time required to complete this information collection is estimated to average 15 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	__	__	__

Respondent Name: _____ **Phone:** _____

Response		Respondent		Mode		Enum.	Eval.		Office Use for POID	
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	921	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						
6-Inac – Est				6-e-mail						
7-Off Hold – Est				7-Fax						
8-Known Zero				8-CAPI						
									Optional Use	
									407	408
S/E Name										