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| Project Code 195  |  | O.M.B. Number 0535-0002 Approval Expires 6/30/2012 |
| **<SEASON> SEASON POTATO FORECAST – Master Copy** |
|  | **SURVEY_LOGO_1:USDA_logo_bw.gif** |  |
| **NOTE: Season refers to time of harvest.****Seasons for this survey include:****Summer Harvest: conducted in July and September****Spring Harvest: conducted in May** | **new_nass_logo_bw** |  **NATIONAL** **AGRICULTURAL** **STATISTICS** **SERVICE** |
| N**orth Carolina Field Office**P.O. Box 27767Raleigh, NC 27611Phone: 1-800-437-8451 Fax: 919-856-4139 Email: nass-nc@nass.usda.govInformation requested in this survey is used to prepare estimates of <SEASON> potatoes planted for harvest in <CROP YEAR>. 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 in combination with similar reports from other producers. Response is **voluntary**. |
| *Please make corrections to name, address and Zip Code, if necessary.* |
| **REPORT FOR THE FARM(S) YOU OPERATE** |
| **(Include land rented or leased from others)** |
| 1. How many acres of <SEASON> potatoes were **planted** on this operation in <CROP YEAR>. . .  | Acres | 103 |
|  |
| 2. How many acres of <SEASON> potatoes are expected to be **harvested** on this operation in <CROP YEAR>? | Acres | 104 |
|  |
| 3. What is the expected **Yield** per acre?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | Cwt per Acre | 105 |
| **OR** | Bbls per Acre | 106 |
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| **COMMENTS:** Please report the condition of the crop now as compared with normal growth and vitality you would expect at this time, if there were no damage from unfavorable weather, insects, disease, etc. (Use reverse side if necessary) |
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| **SURVEY RESULTS**: To receive the complete results of this survey on the release date, go to [www.nass.usda.gov/results/](http://www.nass.usda.gov/results/).Would you rather have a brief summary mailed to you at a later date? | 1[[ ]](#_top)  Yes 3[ ] No | 099 |

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| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_ | 9911Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ |  9910 MM DD YY Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **OFFICE USE ONLY** |
| **Response** | **Respondent** | **Mode** | **Enum.** | **Eval.** | **Change** |  | **Optional Use** |
| 1-Comp2-R3-Inac4-Office Hold5-R – Est6-Inac – Est7-Off Hold – Est8-Known Zero | 9901 | 1-Op/Mgr2-Sp3-Acct/Bkpr4-Partner9-Oth | 9902 | 1-Mail2-Tel3-Face-to-Face4-CATI5-Web6-e-mail7-Fax8-CAPI19-Other | 9903 | 098 | 100 | 785 | 921 | 407 | 408 | 9906 | 9916 |
|  |  |  |  |
| S/E Name |  |  |  |  |
| 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 number is 0535-0002. 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. |