



PEACH INQUIRY

July 2009



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Georgia Field Office
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Athens, GA 30601
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A production forecast for the 2009 peach crop is being prepared. Response to this survey is voluntary and not required by law. However, your report is needed to help make a more accurate forecast of peach production. Your report will be held in confidence. Please return your report in the enclosed postage paid envelope. Thank you for your cooperation.

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

CONDITION: Please report the condition of the peach crop now as compared with prospects for a full crop. Let 100 percent represent a full crop you would expect if there was no damage from unfavorable weather, insects, diseases, etc.

PLEASE REPORT FOR THE ORCHARD(S) YOU NOW OPERATE

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------|
| 1. What is the condition of the peaches in your orchard(s) as a percent of a full crop?..... | PERCENT | 0200 |
| 2. What is the total quantity of peaches harvested for all purposes last year, 2008 ?..... | BUSHELS | 0002 |
| 3. What is the total quantity of peaches expected for harvest this year, 2009 ?..... | BUSHELS | 0003 |
| 4. What is the number of peach trees of bearing age in the orchard(s) you operate or manage this year, 2009 ?..... | NUMBER OF TREES | 0004 |
| 5. How many acres of bearing age peach trees are in these orchard(s) this year, 2009 ?..... | ACRES | 0005 |
| 6. If you would like to receive a copy of the results of this survey in the mail, please enter "1" in the box. (Results will also be available on the Internet at http://www.nass.usda.gov)..... | | 0099 |

Please comment about the peaches in your locality. _____

Respondent Name: _____ Phone: _____

Name of Orchard: _____ County: _____

| | | | |
|-------|----|----|----|
| 9910 | MM | DD | YY |
| Date: | __ | __ | __ |

| For office use only | | | | | | | | | |
|---------------------|------------------|------|-------------|------|----------------|----------|------|-------|-------|
| Response | | | Respondent | | Mode | | | Enum. | Eval. |
| 1-Comp | 5-R – Est | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 6-e-mail | 9903 | 098 | 100 |
| 2-R | 6-Inac – Est | | 2-Sp | | 2-Tel | 7-Fax | | | |
| 3-Inac | 7-Off Hold – Est | | 3-Acct/Bkpr | | 3-Face-to-Face | 8-CAPI | | | |
| 4-Office Hold | 8-Known Zero | | 4-Partner | | 4-CATI | 19-Other | | | |
| | | | 9-Oth | | 5-Web | | | | |

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 0535-0039. 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.