

SWEET POTATO ACREAGE AND DISPOSITION REPORT – Master Copy



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

NOTE: SURVEY ADMINISTERED IN THE SPRING FOLLOWING HARVEST. GRAY PRICE QUESTIONS ONLY ASKED IN STATES WHERE BUYER SURVEY IS NOT BEING CONDUCTED.

North Carolina Field Office
 P.O. Box 27767
 Raleigh, NC 27611
 Phone: 919-856-4394
 Fax: 919-856-4139
 Email: nass-nc@nass.usda.gov

Information requested in this survey is used to prepare final estimates of sweet potato acreage production, and value for the <CROP YEAR> 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.

PLEASE REPORT FOR THE FARM(S) YOU OPERATE

Acreage and Production <CROP YEAR>

1. Total acres of sweet potatoes planted in <CROP YEAR>	Acres	201
2. Total acres of sweet potatoes harvested in <CROP YEAR> on the farm(s) you operate.	Acres	202
3. Quantity of sweet potatoes harvested from entire acres reported in item 2. (Report total quantity hauled from field.)	Cwt	203

4. **Quantity sold** from <CROP YEAR> **production** and **average price** or **total dollars** received, by utilization.

	Quantity Sold (Cwt)	Average Price (Dollars Per Cwt)	OR	Total Dollars Received
a. Fresh Market.	204	214	OR	224
b. Processing.	205	215	OR	225
c. Seed.	206	216	OR	226
d. Livestock Feed.	207	217	OR	227

5. Have all sweet potatoes been marketed? **YES** **NO**

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?

1 Yes 3 No 099

Respondent Name: _____	9911	9910	MM	DD	YY
Phone: () _____		Date: ____ - ____ - ____			

OFFICE USE ONLY

Response	Respondent	Mode	Enum	Eval.	Change	Optional Use							
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	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 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.

