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| **WET MILL PRODUCERS OF ETHANOL – September 2014** | | | | | | | | |
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|  | | | | | | | OMB No. 0535-xxxx  Approval Expires:  Project Code: QID:  SMetaKey: Version: M311C | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS**  National Operations Division  9700 Page Avenue, Suite 400  St. Louis, MO 63132-1547  1-888-424-7828  FAX: 1-855-515-1328  Email: [nass@nass.usda.gov](mailto:nass-wy@nass.usda.gov) | |
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| Please make corrections to name, address and ZIP Code, if necessary. | | | | | | | | |
| The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation.  **NOTICE**: Response to this inquiry is required by law (Title 7, U.S. Code). | | | | | | | | |
| 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-xxxx 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. | | | | | | | | |

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| **For each item listed below, please enter figures for the current reference period.** Please refer to the included Instructions and Definitions document before completing this report form. |

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| 1. **Feedstock used in this mill** | **Unit of measure** | **September 2014** |
| a. Corn | 1,000 Bushels | xxx |
| b. Other (Specify: xxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 1,000 Bushels | xxx |

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| 2. **Total alcohol produced (Exclude denaturant)** | | |
| a. Beverage alcohol | Gallons | xxx |
| b. Industrial alcohol | Gallons | xxx |
| c. Fuel alcohol | Gallons | xxx |
| 3. **Denaturants used** | | |
| a. Denaturant added to industrial alcohol | Gallons | xxx |
| b. Denaturant added to fuel alcohol | Gallons | xxx |

(OVER)

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| 4. **Wet mill products** | **Unit of measure** | **September 2014** |
| a. Food grade corn oil | 1,000 pounds | xxx |
| b. Industrial grade corn oil | 1,000 pounds | xxx |
| c. HFCS 42 | 1,000 pounds | xxx |
| d. HFCS 55 | 1,000 pounds | xxx |
| e. Glucose & Dextrose | 1,000 pounds | xxx |
| f. Starch | 1,000 pounds | xxx |

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| 5. **Co-products** | | |
| a. Corn gluten meal | 1,000 pounds | xxx |
| b. Corn gluten feed | 1,000 pounds | xxx |
| c. Wet corn gluten feed 50% to 60% moisture | 1,000 pounds | xxx |
| d. Corn germ meal | 1,000 pounds | xxx |
| e. Steep water (liquor) | 1,000 pounds | xxx |
| f. CO - 2 | Pounds | xxx |
| g. Other co-products  (Specify:xxx ) | 1,000 Pounds | xxx |

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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Response** | | **Respondent** | | **Mode** | | | **Enum.** | **Eval.** | **Change** | |  | **Office Use for POID** | | | | | |
| 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 | | 9998 | 9900 | 9985 | |  | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | | |
|  | | | | | |
| **R. Unit** | **Optional Use** | | | | | |
| 9921 | 9907 | | 9908 | | 9906 | 9916 |
| S/E Name | | | | | | |  |  | |  | | | | |  | | |

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| --- | --- | --- |
| Respondent Name: | 9911    Phone: | 9910 MM DD YY    Date: |

This completes the survey. **Thank you for your help**