



AG YIELD SURVEY MAY

May 2010



Iowa Field Office
 210 Walnut St., Room 833
 Des Moines, IA 50309
 1-800-772-0825
 Fax: 1-800-719-1794
 E-mail: nass-ia@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the May 11th Crop Production report. Response to this survey is voluntary. Facts about your operation will be kept CONFIDENTIAL and used only in combination with similar reports from other producers for statistical summaries.

If you have any questions about the survey, please feel free to call 1-800-772-0825.

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

Stratum	POID	Tract	Subtr.
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If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE, YIELD, and HAY STOCKS

Please report the acres planted, acres for harvest and yield per acre you expect to harvest from the total acres you operate for each of the following crops. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (**Exclude** information for land rented to others.)

	TOTAL CROP
WINTER WHEAT	540
Planted for all purposes (Including cover crop) Acres	541
Harvested and to be harvested (grain and seed only) Acres	151
Expected yield for grain and seed Bu. Per Acre	

HAY STOCKS

What was the TOTAL PRODUCTION for ALL HAY (Include only DRY HAY from all cuttings) harvested on the total acres you operated last year? (2009 crop)

(_____ bales and _____ wt. per bale) Tons 076

Report ALL OLD CROP HAY STORED MAY 1, 2010 on the total acres you now operate regardless of where produced. (Include only DRY HAY produced in 2009 and earlier years.)

(_____ bales and _____ wt. per bale) Tons 075

SECTION 2 - CONCLUSION

If you no longer operate this farm or ranch, please provide the name and address of the new operator.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

Survey Results: To receive the complete results of this survey on the release date, go to <http://www.nass.usda.gov/results>.

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 099

This completes the survey. Thank you for your help.

Reported by: _____ Phone : (_____) _____ Date: _____

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 0535-0213. 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.

9910	MM	DD	YY
DATE: _____			
Office Use for POID			

		R. Unit	
		Optional Use	
		407	408

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Office Use for POID
1-Comp		1-Op/Mgr		1-Mail		098	100	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				
				19-Other				
S/E Name								