



# AG YIELD SURVEY OCTOBER

October 2010



**Illinois Field Office**  
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Your help is needed to prepare crop estimates to be published in the October 8th Crop Production report. 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. Response is **voluntary**.

If you have any questions about the survey, please feel free to call 1-800-622-9865.

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

| Stratum | POID | Tract | Subtr. |
|---------|------|-------|--------|
| --      | --   | --    | --     |

If you no longer operate this farm or ranch go to Section 2.

### SECTION 1 - CROP ACREAGE and YIELD

Please report the 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 |
|--|-----------------------|------------|
| <b>CORN</b>  |                       | 531        |
| Harvested and to be harvested ( <i>grain and seed only</i> ) ..... | Acres                 |            |
| Expected yield for grain and seed .....                            | Bu. per Acre          | 154        |
| Has harvest been completed? .....                                  | <b>Yes = 1 No = 3</b> | 950        |

|  |                       | TOTAL CROP |
|--|-----------------------|------------|
| <b>SORGHUM</b>   |                       | 571        |
| Harvested and to be harvested ( <i>grain and seed only</i> ) ..... | Acres                 |            |
| Expected yield for grain and seed .....                            | Bu. per Acre          | 747        |
| Has harvest been completed? .....                                  | <b>Yes = 1 No = 3</b> | 951        |

|   |              |     |
|---|--------------|-----|
| <b>SOYBEANS, single cropped</b>               |              | 759 |
| Harvested and to be harvested for beans ..... | Acres        |     |
| Expected yield for beans .....                | Bu. Per Acre | 396 |

|   |                       |     |
|---|-----------------------|-----|
| <b>SOYBEANS, double cropped</b>               |                       | 760 |
| Harvested and to be harvested for beans ..... | Acres                 |     |
| Expected yield for beans .....                | Bu. Per Acre          | 397 |
| Has harvest been completed? .....             | <b>Yes = 1 No = 3</b> | 955 |

|   |               | TOTAL CROP |
|---|---------------|------------|
| <b>ALFALFA &amp; ALFALFA MIXTURES for HAY</b>   |               | 653        |
| <i>(Include only Dry Hay from all expected cuttings)</i>  |               |            |
| <i>(Count each acre only once, regardless of the number of cuttings or different uses.)</i> ..... |               |            |
|   | Acres         |            |
| ( _____ bales and _____ wt. / bale) .....   | Tons per Acre | 578        |

|   |               |     |
|---|---------------|-----|
| <b>ALL OTHER HAY (<i>Include only Dry Hay from all expected cuttings</i>)</b>               |               | 654 |
| <i>(Count each acre only once, regardless of the number of cuttings or different uses.)</i> |               |     |
| <i>(Exclude alfalfa and alfalfa mixtures)</i> .....   |               |     |
|   | Acres         |     |
| ( _____ bales and _____ wt. / bale) .....   | Tons per Acre | 579 |

**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:** \_\_\_\_\_  
**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: _____                |    |    |     |
| <b>Office Use for POID</b> |    |    |     |
| 789                        |    |    |     |
| <b>R. Unit</b>             |    |    |     |
| <b>Optional Use</b>        |    |    |     |
| 407                        |    |    | 408 |

| Response         | 9901 | Respondent  | 9902 | Mode           | 9903 | Enum. | 098 | Eval. | 100 | 789 |
|------------------|------|-------------|------|----------------|------|-------|-----|-------|-----|-----|
| 1-Comp           |      | 1-Op/Mgr    |      | 1-Mail         |      |       |     |       |     |     |
| 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         |      |             |      |                |      |       |     |       |     |     |