

FINAL MACADAMIA NUT GROWER REPORT – CROP YEAR 2012 – 2013

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**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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

Prices received are an important part of our data series. The purpose of this survey is to obtain these prices directly from macadamia nut growers. If you are not growing macadamia nuts, please check the appropriate box and return this form so we can update our list of growers. 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**.

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 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.

If your operation is known by another name,
please enter it here: _____

**Please complete and return this questionnaire in the enclosed self-addressed,
postage-paid envelope by June 1, 2013.**

Section I Macadamia Nut Screening (Check the situation that applies to you)

1. Have macadamia nuts – check the following, if they apply, and complete Section II on page 2:

Someone else manages my orchard.
(Please provide the name of manager address, & phone number):

I manage an orchard for someone else.
(Please provide the name of owner(s), address, & phone number):

2. Still farming, but no longer have macadamia nuts. I grow: _____

3. No longer farming. Please check reason below:

Deceased

Retired

Quit farming

Temporarily not farming

Sold farm

Other: _____

If the farm was sold, please list new owner, address, and phone number:

If you have macadamia nuts, please continue on page 2

Section II Macadamia Nut Acreage, Production & Price

The questions below refer to macadamia nuts harvested during the 2012 - 2013 crop season. (July 1, 2012 to June 30, 2013). Please include your estimate for the remaining weeks of June.

- 4. Total acres of macadamia nuts you operate.
(**Include** land owned, leased, and managed.)..... **acres**
- 5. How many acres did you harvest this season?..... **acres**
- 6. Gross pounds delivered/sold on a wet-in-shell basis. (If are delivered wet-in-husk, convert to equivalent wet-in-shell pounds.)..... **pounds**
- 7. Deductions for spoilage, wet-in-shell basis..... **pounds**
- 8. Net pounds delivered/sold wet-in-shell basis. (Amount should equal item 6 minus item 7)..... **pounds** _____
- 9. Total dollars received or expect to receive after final payment **dollars** _____

OR

- 10. Average price received for the crop **net wet-in-shell** basis..... **cents/lb.**

11. If applicable, please identify the primary district in which your farm/ranch is located by checking (☑) the appropriate box.

Hawaii County

- Puna (110)
- South Hilo (120)
- North Hilo (130)
- Hamakua (140)
- North Kohala (150)
- South Kohala (160)
- North Kona (170)
- South Kona (180)
- Ka`u (190)

Honolulu County

- Honolulu (610)
- Koolaupoko (640)
- Koolauloa (650)
- Waialua (660)
- Wahiawa (670)
- Waianae (680)
- Ewa (690)

Kauai County

- Waimea (210)
- Koloa (220)
- Lihue (230)
- Kawaihau (240)
- Hanalei (250)

Maui County

- Hana (310)
- Makawao (320)
- Wailuku (330)
- Lahaina (340)
- Molokai (350)
- Kalawao (360)

Other area not listed: _____ LOC: _____

Comments (weather, pests, crop or market conditions, etc.):

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

Would you rather have a brief summary mailed to you at a later date?.....

Yes

No

0099

Name:	9910 Date:
Position: <input type="checkbox"/> Operator, Partner, Manager <input type="checkbox"/> Accountant/Bookkeeper <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
Mailing address:	Phone:
e-mail address:	Fax number:

OFFICE USE ONLY

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp		1-Op/Mgr		1-Mail		0098	0100	0921	0785	0789			
2-R		2-Sp		2-Tel						- - - - -			
3-Inac		3-Acct/Bkpr		3-Face-to-Face						Optional/NOD Use			
4-Office Hold		4-Partner		4-CATI						0407	0408	9906	9916
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													