

CRANBERRY GROWER INQUIRY – AUGUST 2013

OMB No. 0535-0039
 Approval Expires: 6/30/2013
 Project Code: xxx QID: xxxxxx
 SMetaKey: xxxx



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

U.S. Department of Agriculture
 NOC Division
 9700 Page Avenue, Suite 400
 St. Louis, MO 63132-1547
 Phone: 1-888-424-7828
 FAX: 314-595-9990
 nass@nass.usda.gov

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

Information requested in this survey is used to prepare estimates of selected agricultural commodities. 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 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.

REPORT FOR THE BOGS YOU OPERATED OR MANAGED IN 2013.

(Include bogs rented or leased from others. Exclude bogs rented or leased to someone else.)

1. Will this operation grow any **cranberries** in 2013?

Code
xxx

Yes – Continue **No** – Go to Survey Results

2. How many **total acres** of cranberry bogs are on this operation?

Acres
xxx . ____
xxx . ____

3. Of the (item 2) acres of cranberries, how many acres were or will be **harvested** during 2013?

Barrels
xxx

4. How many **total barrels** of cranberries are expected to be harvested in 2013?

COMMENTS about the **2013 cranberry crop** in your locality:

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** **No**

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

Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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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	098	100	785	789		
								R. Unit			
								921			
								Optional Use			
								407	408	9906	9916

S/E Name _____