

ARS RESIDUE AND BIOMASS SURVEY - 2016

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

We are collecting information on residue and biomass and need your help to make the information as accurate as possible. 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. Response is **voluntary**. You may skip any item(s) you prefer not to answer.

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 0535-0251. The time required to complete this information collection is estimated to average 30 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.

SECTION 1 - LOCATION

The enumerator will review which field was selected for previous 2 surveys in May and September, please describe the location by answering one of the following 2 questions.

- a. What is the latitude/longitude of this field? (record and go to Section 2) _____
- b. What is the closest road intersection to this field? _____

SECTION 2 - 2015 CROPS

In the selected field, report production practices that occurred in 2015.

1. What crop was grown in 2015?

- Corn for grain Soybeans Other (specify) _____

2. Was MANURE applied in the fall of 2015?

- Yes – [Continue] No – [Go to item 3]

- a. What date was the manure applied? (mm/dd/yyyy) _____
- b. What type of manure was applied? _____
- c. What was the application method? _____

- d. What was the application rate (record and circle rate)? _____
Lbs/acre
Gal/acre
Lbs actual nutrients

3. Was commercial FERTILIZER applied in the fall of 2015?

Yes – [Continue] **No** – [Go to item 4]

a. What date was the fertilizer applied? (mm/dd/yyyy) _____

b. What type of fertilizer was applied? (name **or** N-P-K values) _____

Lbs/acre
Gal/acre
Lbs actual nutrients

c. What was the application rate (record and circle rate)? _____

4. Was TILLAGE performed in the fall of 2015?

Yes – [Continue] **No** – [Go to Section 3]

a. What date was the tillage completed? (mm/dd/yyyy) _____

b. For the 2 most common tillage implements, record the implement, depth, and number of passes.

(i) What was the **most** frequently used implement? _____

(ii) What was the depth tilled per pass? (inches) _____

(iii) How many passes over the field with this implement? _____

(iv) What was the **next most** frequently used implement? _____

(v) What was the depth tilled per pass? (inches) _____

(vi) How many passes over the field with this implement? _____

SECTION 3 – SPRING 2016 ACTIVITIES

In the selected field, report production practices that occurred in spring of 2016.

1. What crop was grown in 2016?

Corn for grain **Soybeans** **Other** (specify) _____

2. What was the amount of residue remaining on the soil immediately before spring operations?

Greater than or equal to 30 percent **Less than 30 percent**

3. Was MANURE applied in the spring of 2016?

Yes – [Continue] **No** – [Go to item 4]

a. What date was the manure applied? (mm/dd/yyyy) _____

b. What type of manure was applied? _____

c. What was the application method? _____

Lbs/acre
Gal/acre
Lbs actual nutrients

d. What was the application rate (record and circle rate)? _____

4. Was commercial FERTILIZER applied in the spring, prior to planting, of 2016?

Yes – [Continue] **No** – [Go to item 5]

a. What date was the fertilizer applied? (mm/dd/yyyy) _____

b. What type of fertilizer was applied? (name **or** N-P-K values) _____

Lbs/acre
Gal/acre
Lbs actual nutrients

c. What was the application rate? (record and circle rate) _____

5. Was TILLAGE performed in the spring of 2016?

Yes – [Continue] **No** – [Go to item 6]

a. What date was the tillage completed? (mm/dd/yyyy) _____

b. For the 2 most common tillage implements, record the implement, depth, and number of passes.

(i) What was the **most** frequently used implement? _____

(ii) What was the depth tilled per pass? (inches) _____

(iii) How many passes over the field with this implement? _____

(iv) What was the **next most** frequently used implement? _____

(v) What was the depth tilled per pass? (inches) _____

(vi) How many passes over the field with this implement? _____

6. What was the amount of residue remaining on the soil surface just before planting?

Greater than or equal to 30 percent **Less than 30 percent**

7. What was the planting date? (mm/dd/yyyy) _____

SECTION 4 – FALL 2016 ACTIVITIES

In the selected field, report production practices that occurred in the fall of 2016.

1. What was the harvest date? (mm/dd/yyyy) _____

2. What was the average yield in this field this year? (record and circle rate) _____ Bu/acre
Other (specify) _____

3. If a yield map was available to you (the operator), will you provide a yield monitor map to assist in ARS Research on this topic?

Yes – [Continue] **No** – [Go to item 4]

a. If a yield map can be provided, will the map be electronic or a color print?

Electronic data file **Color print**

4. Was crop residue removed?

Yes – [Continue] **No** – [Go to item 5]

a. What percent of crop residue was removed? _____

b. On what date was the crop residue removed? (mm/dd/yyyy) _____

5. Was MANURE applied in the fall of 2016?

Yes – [Continue] **No** – [Go to item 6]

a. What date was the manure applied? (mm/dd/yyyy) _____

b. What type of manure was applied? _____

c. What was the application method? _____

d. What was the application rate (record and circle rate)? _____ Lbs/acre
Gal/acre
Lbs actual nutrients

6. Was commercial FERTILIZER applied in the fall of 2016?

Yes – [Continue] **No** – [Go to item 7]

a. What date was the fertilizer applied? (mm/dd/yyyy) _____

b. What type of fertilizer was applied? (name **or** N-P-K values) _____

c. What was the application rate (record and circle rate)? _____

Lbs/acre
Gal/acre
Lbs actual nutrients

7. Was TILLAGE performed in the fall of 2016?

Yes – [Continue] **No** – [Go to Section 8]

a. What date was the tillage completed? (mm/dd/yyyy) _____

b. For the 2 most common tillage implements, record the implement, depth, and number of passes.

(i) What was the **most** frequently used implement? _____

(ii) What was the depth tilled per pass? (inches) _____

(iii) How many passes over the field with this implement? _____

(iv) What was the **next most** frequently used implement? _____

(v) What was the depth tilled per pass? (inches) _____

(vi) How many passes over the field with this implement? _____

8. What was the amount of residue remaining on the soil surface after all operations?

Greater than or equal to 30 percent **Less than 30 percent**

9. Are there any additional comments? (For example, unusual practices, weather conditions, tiles installed, change in comments on the survey, etc.)

SECTION 5 – PERMISSION TO RELEASE INFORMATION TO ARS

Yes, I give my permission for USDA's National Agricultural Statistics Service (NASS) Iowa field office to release this information to USDA's Agricultural Research Service (ARS) for use in their field research.

Signature

Date

This completes the survey. Thank you for your help.

Office Use Only										
Response	Respondent	Mode	Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9921	9985	9989
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						9907
				8-CAPI						9908
				19-Other						9906
										9916
S/E Name										