**TURFGRASS ECONOMIC SURVEY – 2018**

**Homeowner Version**

OMB No. 0535-NEW

Approval Expires: X/XX/20XX

Project Code: XXX

SurveyID:

**United States**

**Department of Agriculture**

**NATIONAL**

**AGRICULTURAL**

**STATISTICS**

**SERVICE**



**USDA/NASS**

Northeast Region

4050 Crums Mill Road

Suite 203

Harrisburg, PA 17112

Phone: 1-717-787-3904

Fax: 1-855-270-2719 Email: nassrfoner@nass.usda.gov

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

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: https://www.nass.usda.gov/confidentiality. 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 0535-0XXX. The time required to complete this information collection is estimated to average 45 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.

**INSTRUCTIONS**:

· Report for **all** land operated, including land rented from others, in New Jersey.

#  · Report for all seasons (winter, spring, summer, and fall) during 2018.

# A. Property Information

1. In what county is your property or house located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

1. What was the total area of your property in 2018?

 Total area: \_\_\_\_\_\_\_\_\_\_ acres or \_\_\_\_\_\_\_\_\_\_ square feet

 Lawn area: \_\_\_\_\_\_\_\_\_\_ acres or \_\_\_\_\_\_\_\_\_\_ square feet

# B. Turfgrass Specific

1. Please indicate the lawn area under the following turfgrass varieties in this property?

 \_\_\_\_ % Kentucky Bluegrass \_\_\_\_ % Perennial Ryegrass \_\_\_\_ % Annual Bluegrass

 \_\_\_\_ % Fine Fescue \_\_\_\_ % Tall Fescue \_\_\_\_ % Bentgrass

 \_\_\_\_ % Zoysia \_\_\_\_ % Other/Mixture \_\_\_\_ Don’t know

1. What are the important sources of information for your turf-related problems? (Select all that apply).

 Rutgers Cooperative Extension Agent or Specialist  Cook College Office of Continuing Professional Education

  Rutgers University (other)  Private consultant

  Commercial Tech Rep.  Peers

  Industry magazines  Professional Organization

  Internet  TV/Radio

  Books  Garden Center/Nursery/Peers

  Lawn & Landscape Contractor  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# C. Turf and Landscape Problems

5. What do you consider to be difficult turf and landscape related problems on your property? (Select all that apply under each category).

 **a. Regulation**

  Local noise ordinances  Water restrictions  Signposting (chemical applications)

  Pesticide application (amount, type of chemical)  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **b. Turfgrass**

  Soil related  Diseases  Insects

  Weeds  Equipment Cost  Erosion

  Water related  Shade  Traffic

  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# D. Expenses

1. Who performs general lawn-care services (i.e., mowing, watering, chemical application) on your lawn? (check all that apply)

  Adult male  Adult female  Gardener

  Children  Professional services  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_

1. **Best Estimate of annual turf-related expenses during the year 2018**:

Note: If an outside service performs all turf-related maintenance on your lawn, put the total amount spent under Services purchased, contract labor.

* 1. **Seed…………………..…….…………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_**
	2. **Sod..………………….…….…………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_**
	3. **Equipment (lawn mowers, edgers, sprinklers, etc.) ………………………………… $ \_\_\_\_\_\_\_\_\_\_**
	4. **Chemicals (pesticide, herbicide, etc.)…………………………………..…………….. $ \_\_\_\_\_\_\_\_\_\_**
	5. **Fertilizer and Soil Amendments (fertilizer, lime, manure, compost, etc.)…………. $ \_\_\_\_\_\_\_\_\_\_**
	6. **Services purchased**

Chemical/fertilizer application.………………….………………………... $ \_\_\_\_\_\_\_\_\_\_

Sod installation..………...……….…..…………………………….……… $ \_\_\_\_\_\_\_\_\_\_

Irrigation installation.…………….…..…………………………….…….. $ \_\_\_\_\_\_\_\_\_\_

Other Contract labor…..………….…..…………………………….…….. $ \_\_\_\_\_\_\_\_\_\_

* 1. **Other turf-related direct expenses (Specify)**

………………………………………………………………….……….… $ \_\_\_\_\_\_\_\_\_\_

………………………………………………………………………….…. $ \_\_\_\_\_\_\_\_\_\_

………………………………………………………………….……….… $ \_\_\_\_\_\_\_\_\_\_

………………………………………………………………………….…. $ \_\_\_\_\_\_\_\_\_\_

* 1. **Total Turf-related Expenses ………………………………………………..………… $ \_\_\_\_\_\_\_\_\_\_**

1. What was the estimated value of lawn maintenance equipment at your home as of December 2018?

 (include mowers, sprinklers, hoses, etc.) $ \_\_\_\_\_\_\_\_\_

1. On average during the growing season, how many hours per week do you and other family members spend on turf-related activities/maintenance? \_\_\_\_\_\_\_\_\_\_ hrs

# F. Cultural Practices and Equipment

1. What type of lawn mower do you primarily use?

  Riding  Walk-behind  Push self-propelled

  Push  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How are grass clippings handled on your property?

  always collected and removed  collected and composted  disposed with trash

 left on ground (rarely or never removed)  collected and removed only for heavy growth

  Don’t know

1. What is the average interval between mowings during the growing season on your property? \_\_\_\_\_\_\_\_\_days

1. What type of equipment do you use to water the lawn?

  Hoses and sprinklers  Installed sprinklers, manual

  Installed sprinklers, automatic  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Don’t water the lawn

1. How often do you water your lawn? Please indicate the average interval between waterings without rain.

 \_\_\_\_\_\_\_\_\_days  Don’t know  Don’t water the lawn

1. How many times in 2018 were fertilizers applied to your lawn? \_\_\_\_\_

1. How many times in 2018 were other chemicals (pesticides/herbicides/etc.) applied to your lawn? \_\_\_\_\_

1. For which practices do you use professional lawncare services? (Select all that apply).

  Biological control  Aeration  Correct drainage

  Soil test  Soil amendments  Top-dressing

  Dethatching  Edging  Clipping removal

  Overseeding  Turf selection  Sodding

  Mowing  Weed Control  Disease Control

  Insect Control  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# F. General/Opinion

1. Do you believe pesticide residues on your lawn present potential health risks to you and your family?

  Yes  No  Don’t know

1. Is it important to develop turfgrasses that require less pesticide inputs?

  Yes  No  Don’t know

1. Is it important to develop turfgrasses that use less water?

  Yes  No  Don’t know

1. In the past 5 years, were you affected by water regulations during a time of drought?

  Yes  No

1. If yes, please estimate the cost of damage to the lawn and ornamental plantings in this property associated with the drought?

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you lose any of the following due to damage associated with the drought(select all that apply)?

  Shrubs  Trees

  Flowers  Lawn

  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **OFFICE USE ONLY** |  |  |  |
| Response | Respondent | Mode | Enum. | Eval. | Change |  | Office Use for POID |
| 1-Comp2-R3-Inac4-Office Hold5-R – Est6-Inac – Est7-Off Hold – Est | 9901 | 1-Op/Mgr 2-Sp3-Acct/Bkpr4-Partner9-Oth | 9902 | 1-PASI (Mail) 2-PATI (Tel) 33-PAPI (Face-toFace)6-Email7-Fax19-Other | 9903 | 9998 | 9900 | 9985 | 9989 | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ |
|  |  |
| R. Unit |  | Optional Use |
| 9921 | 9907 |  | 9908 | 9906 | 9916 |
| S/E Name |  |  |  |  |  |  |