**TURFGRASS ECONOMIC SURVEY – 2018**

**Commercial Business/Cemetery/Institution 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**

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

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**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. Company information

1. Where is this institution or company located?

Primary county: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List any additional counties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which category best describes this organization?  For-profit  Non-profit

1. Which category best fits your institution or company?

**For-Profit**

 Cemetery  Pharmaceutical  Technology firm

 Manufacturing  Wholesaling/Retailing  Financial/Insurance

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

**Non-profit**

 Parks  Athletic field  Race tracks

 Cemetery  Highway  Educational Inst.

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

1. What was the approximate area under the following categories as of December 2018?

Total area (include buildings) \_\_\_\_\_\_\_\_\_\_ acres

Turf area (include lawns) \_\_\_\_\_\_\_\_\_\_ acres

Athletic turf area (football, baseball, soccer fields; fairways, greens, rough, tees) \_\_\_\_\_\_\_\_\_\_acres

1. Did you expand the area under turf or facilities in 2018?

 Yes  No (skip Question 7)

1. How much new area was established under the following categories in 2018?

Total area (including buildings) \_\_\_\_\_\_\_\_\_\_ acres

Turf area \_\_\_\_\_\_\_\_\_\_\_ acres

# B. Turfgrass Specific

7. 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  USGA Turf Advisory Svc.

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

# C. Turf and Landscape Problems

8. What do you consider to be difficult turf and landscape related problems facing your organization? (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. Management**

 Labor availability  Immigration laws  Employee training

 Health issues due to turf activity (i.e., poisoning, etc.)  Language barriers

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

**c. Turfgrass**

 Soil related  Diseases  Insects

 Weeds  Equipment Cost  Erosion

 Water related  Shade  Traffic

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

# D. Expenses

1. **Best Estimate of annual turf-related expenses during the year 2018 (to the nearest $1,000):**

Note: Please provide your best estimate of turf-related expenses in the table below. Expense categories (Items a through g) are most important. Complete sub-categories (e.g. c1 through c9) if you can. If an outside service performs all turfrelated maintenance on your site, put the total amount spent under Services purchased, Contract labor.

* 1. **Seed …….…………………………………………………………………………... $ \_\_\_\_\_\_\_\_\_\_**
  2. **Sod**…….………………………………………………………………………….… $ \_\_\_\_\_\_\_\_\_\_
  3. **Equipment and Operation (exclude labor)**..……………………………...……… $ \_\_\_\_\_\_\_\_\_\_

c1) Tractors (depreciation)………………………… $ \_\_\_\_\_\_\_\_\_\_

c2) Mowers (depreciation)…..…………………….. $ \_\_\_\_\_\_\_\_\_\_

c3) Irrigation equipment (depreciation)…..……….. $ \_\_\_\_\_\_\_\_\_\_

c4) Application equipment (depreciation)………… $ \_\_\_\_\_\_\_\_\_\_

c5) Other equipment (depreciation)….……..……... $ \_\_\_\_\_\_\_\_\_\_

c6) Vehicles (depreciation)……...………………… $ \_\_\_\_\_\_\_\_\_\_

c7) Fuel, lube and electricity……….....…………… $ \_\_\_\_\_\_\_\_\_\_

c8) Repairs and maintenance…………...…………. $ \_\_\_\_\_\_\_\_\_\_

c9) Equipment rental………………………….....… $ \_\_\_\_\_\_\_\_\_\_

* 1. **Chemicals** ………………………………………………………………………….$ \_\_\_\_\_\_\_\_\_\_

d1) Weed control products...…….…………………. $ \_\_\_\_\_\_\_\_\_\_

d2) Insect control products….….……………………$ \_\_\_\_\_\_\_\_\_\_

d3) Disease control products..……………………… $ \_\_\_\_\_\_\_\_\_\_

d4) Plant-growth regulators…….……..……………. $ \_\_\_\_\_\_\_\_\_\_

d5) Other………….. …………………..…………… $ \_\_\_\_\_\_\_\_\_\_

* 1. **Fertilizer and Soil Amendments**………………………………………………….$ \_\_\_\_\_\_\_\_\_\_

e1) Fertilizer ………...……..………………………. $ \_\_\_\_\_\_\_\_\_\_

e2) Organic Fertilizer .………………………………$ \_\_\_\_\_\_\_\_\_\_

e3) Lime……………..……..….…………………… $ \_\_\_\_\_\_\_\_\_\_

e4) Manure and compost..…..……………………… $ \_\_\_\_\_\_\_\_\_\_

e5) Other………….. …………………..…………… $ \_\_\_\_\_\_\_\_\_\_

* 1. **Labor (salaries/wages, not taxes, not management)** …………………………….$ \_\_\_\_\_\_\_\_\_\_

f1) Production wages/salaries……..…..…………… $ \_\_\_\_\_\_\_\_\_\_

f2) Supervisory wages/salaries…......……………… $ \_\_\_\_\_\_\_\_\_\_

f3) Mechanics/Maintenance wages/salaries……….. $ \_\_\_\_\_\_\_\_\_\_

f4) Clerical/sales wages/salaries..………………….. $ \_\_\_\_\_\_\_\_\_\_

* 1. **Services purchased**……………………………………………………………….$ \_\_\_\_\_\_\_\_\_\_

g1) Chemical/fertilizer application.………………… $ \_\_\_\_\_\_\_\_\_\_

g2) Sod installation…..……...……….…..…………. $ \_\_\_\_\_\_\_\_\_\_

g3) Irrigation installation.…………….…..………… $ \_\_\_\_\_\_\_\_\_\_

g4) Other contract labor…………….…..………….. $ \_\_\_\_\_\_\_\_\_\_

* 1. **Other direct turf-related expenses (Specify)** ………………………………….$ \_\_\_\_\_\_\_\_\_\_

h1) ………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

h2) ………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

h3) ………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

h4) ………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

**g) Total Turf-related Expenses ..…………………………………………..………... $ \_\_\_\_\_\_\_\_\_\_**

1. Equipment/supplies purchased in 2018 from vendors outside of New Jersey was \_\_\_\_\_\_% of total expense.

1. What was the estimated value of turf related buildings and land owned and used by this firm as of December 2018 (to the

nearest $1,000)? $ \_\_\_\_\_\_\_\_\_

1. What was the estimated value of turf related equipment owned and used by this firm as of December 2018 (to the nearest $1,000)? (include tractors, mowers, etc.) $ \_\_\_\_\_\_\_\_\_

1. How many total positions did this institution or company have in 2018? \_\_\_\_\_\_\_\_\_\_\_ employees

1. Please indicate the percentage of total hours devoted to turf-related activities by those employees. \_\_\_\_\_\_%

# E. Cultural Practices and Equipment

1. Person(s) responsible for turf care at this property?

 Hired maintenance contractor  Employees

1. How are grass clippings handled on this property?

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

 rarely or never removed  collected and removed only for heavy growth

1. What is the irrigated turf area on this property? \_\_\_\_\_\_ acres or \_\_\_\_\_\_% of total turf area

1. What type of equipment is used to water the turf?

 Hoses and sprinklers  Installed sprinklers, manual

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

1. Do you monitor the water needs of turf on your site?  Yes  No

1. Do you regulate the amount of water being applied to turf on your site?  Yes  No

1. What are the sources of water used? (indicate percentage provided by each)

\_\_\_\_ % Municipal \_\_\_\_ % Recycled \_\_\_\_ % Wells

\_\_\_\_ % Surface water \_\_\_\_ % Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate the number of times per year your turf area receives fertilizer applications: \_\_\_\_ times per year

1. Please indicate the number of times per year your turf area receives other chemical (e.g., insecticides, herbicides, etc.) applications: \_\_\_\_ times per year

1. Which practices are performed on your turf? (Select all that apply).

 Biological control  Aeration  Correct drainage

 Soil test  Soil amendments  Top-dressing

 Dethatching  Edging  Clipping removal

 Overseeding  Turf selection  Initial laying of sod

 Mowing  Weed Control  Disease Control

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

# F. Opinion/General

1. Will this institution or company be increasing the area under turf over the next 5 years?

 Definitely will  Probably will  Not sure

 Probably will not  Definitely will not

If so, how much will you expand your turf area? \_\_\_\_\_\_\_\_\_\_\_\_\_ acres

1. Do you believe pesticide residues on turf present potential health risks to turf users?

 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, was your organization 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-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-PASI (Mail)  2-PATI (Tel)  33-PAPI (Face-toFace)  6-Email  7-Fax  19-Other | 9903 | 9998 | 9900 | 9985 | 9989 | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | |
|  |  | | | |
| R. Unit |  | Optional Use | | | |
| 9921 | 9907 |  | 9908 | 9906 | 9916 |
| S/E Name | |  | |  | |  | |  |  |  | | | |