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.

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:

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

 \cdot Report for all seasons (winter, spring, summer, and fall) during 2018.

A. Company information

1.	Where is this institution or compar	e is this institution or company located? y county: List any additional counties:				
	Primary county:	List any additional counties:				

2.	Which category best describes this organization?		For-profit		Non-profit
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3.	Which category best fits your i	nstitution or company?						
	For-Profit							
	Cemetery	Pharmaceutical	Technology firm					
	Manufacturing		ng 🗌 Financial/Insurance					
	Other (specify)							
	Non-profit							
	☐ Parks	Athletic field	□ Race tracks					
	Cemetery	Highway	Educational Inst.					
	Church	Other (specify)						
4.	What was the approximate area	a under the following categor	ies as of December 2018?					
	Total area (include buildings)							
	Turf area (include lawns)							
			greens, rough, tees)acres					
5.	Did you expand the area under	turf or facilities in 2018?						
	🗌 Yes	No (skip Question 7	() ()					
6.	How much new area was estab	lished under the following ca	tegories in 2018?					
	Total area (including buildings) acres						
	Turf area acres							
B.	Turfgrass Specific							
_								
7.	-		related problems? (Select all that apply).					
	Rutgers Cooperative Extensi	on 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 Contract	Dr	Other (specify)					
C.	Turf and Landscape Pro	blems						
8.	What do you consider to be dif	ficult turf and landscape relat	ed problems facing your organization? (Select all that apply under					
	each category).		ee proorents werne goes organizations (oereet all that apprij ander					
	a. Regulation							
	Local noise ordinance	es 🔲 Water restrictions	S [] Signposting (chemical applications)					
		(amount, type of chemical)	Other (specify)					
	b. Management							
	Labor availability	Immigration law	s 📋 Employee training					
		turf activity (i.e., poisoning,						
	—							
	c. Turfgrass							
	Soil related	Diseases	□ Insects					
	Weeds	Equipment Cost						
	☐ Weeus	☐ Equipment Cost						
	—							

D. Expenses

9. 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.

	eed	
_	od	
E	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\$	
0	Chemicals	
	d1) Weed control products \$	
	d2) Insect control products\$	
	d3) Disease control products \$	
	d4) Plant-growth regulators\$	
	d5) Other \$	
F	Fertilizer and Soil Amendments	\$_
	e1) Fertilizer\$	
	e2) Organic Fertilizer\$	
	e3) Lime\$	
	e4) Manure and compost\$	
	e5) Other\$	
L	abor (salaries/wages, not taxes, not management)	\$
	f1) Production wages/salaries\$	
	f2) Supervisory wages/salaries \$	
	f3) Mechanics/Maintenance wages/salaries\$	
	f4) Clerical/sales wages/salaries\$	
S	ervices purchased	
	g1) Chemical/fertilizer application\$	
	g2) Sod installation\$	
	g3) Irrigation installation\$	
	g4) Other contract labor\$	
0	Other direct turf-related expenses (Specify)	
	h1)\$	
	h2) \$	
	h3)\$	
	,	
	h4) \$	 \$_

10. Equipment/supplies purchased in 2018 from vendors outside of New Jersey was _____% of total expense.

11. 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)? \$_____

12.	What was the estimated value of turf related ec \$1,000)? (include tractors, mowers, etc.) \$	quipment owned and used by this	firm	as of Decen	nber 201	.8 (to the nearest
13.	How many total positions did this institution o	r company have in 2018?		employee	S	
14.	Please indicate the percentage of total hours de	evoted to turf-related activities by	thos	se employees	5	_%
Е.	Cultural Practices and Equipment					
15.	Person(s) responsible for turf care at this proper Hired maintenance contractor	erty? Employees				
16.		rty? collected and composted collected and removed only fo			ith trash	
17.	What is the irrigated turf area on this property?	? acres or% of to	tal tu	ırf area		
18.	What type of equipment is used to water the tuHoses and sprinklersInstalled sprinklers, automatic	Installed sprinklers, manual				
19.	Do you monitor the water needs of turf on you	r site?		Yes		No
20.	Do you regulate the amount of water being app	blied to turf on your site?		Yes		No
21.	What are the sources of water used? (indicate p % Municipal % Re % Surface water % Ot		Wel	ls		
22.	Please indicate the number of times per year year	our turf area receives fertilizer ap	plica	tions:	times pe	er year
23.	Please indicate the number of times per year year applications: times per year	our turf area receives other chemi	ical (e.g., insectic	ides, hei	rbicides, etc.)
24.	Which practices are performed on your turf?Biological controlSoil testDethatchingOverseedingMowingInsect Control	Aeration Soil amendments Edging Turf selection		Correct dra Top-dressin Clipping re Initial layin Disease Co	g moval g of sod	
F.	Opinion/General					
25.	Will this institution or company be increasingDefinitely willProbably will notIf so, how much will you expand your turf area	Probably will Definitely will not	5 yea	rrs? Not sure		

26.	5. Do you believe pesticide residues on turf present potential health risks to turf users?								
		Yes		No		Don't know			
27.	Is it	t important to develop turfgrasses that re	quir	e less pesticide inputs?					
		Yes		No		Don't know			
28.	Is it	t important to develop turfgrasses that us	se les	ss water?					
		Yes		No		Don't know			
29.	In t	he past 5 years, was your organization a	ffect	ed by water regulations during	a tim	e of drought?			
		Yes		No					
30.	If y \$_	es, please estimate the cost of damage to	o the	lawn and ornamental plantings	in th	is property associated with the drought?			
21	Did	you lose any of the following due to da	maa	a resociated with the drought (s	alact	all that apply 2			

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

ShrubsFlowers

- TreesLawn
 - Other (specify)

				OFF	ICE USE	ONLY						
Response Responde		dent	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 R. Unit 9921	9985	9989	Optional Us	se	9916
S/E Name					4						-	