

# 2015 PRUNE CROP INQUIRY - MAY 2016

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**NATIONAL  
 AGRICULTURAL  
 STATISTICS  
 SERVICE**



**California Department  
 of Food and  
 Agriculture**

**USDA/NASS - California**

Pacific Region

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

**PLEASE MAIL OR FAX BY MAY 8, 2016**

We request your help in estimating the size of the 2016 prune crop. Cooperation is very important in order to accurately estimate prune production in California. Please fill in the acreage and production information (2015 and 2016) to the best of your ability. Please return this form in the postage - paid envelope enclosed for your convenience, or fax it to 1-855-270-2722.

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.**

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 0535-0039. 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.

### TOTAL DRY TONS FOR DELIVERY TO HANDLERS

| Actual 2015 Crop  |                   | Expected 2016 Crop      |                   |
|-------------------|-------------------|-------------------------|-------------------|
| Acreage Harvested | Dry Tons Produced | Acreage To Be Harvested | Dry Tons Expected |
|                   |                   |                         |                   |
|                   |                   |                         |                   |

Please include standard, substandard, undersized and trash tonnage.

Dehydrator's Name: \_\_\_\_\_ Location: \_\_\_\_\_

(If additional dehydrators are used, please list on the back of this form.)

### PLEASE ANSWER THE FOLLOWING ONLY IF THERE HAS BEEN A CHANGE IN ACREAGE SINCE 2015

| REDUCTION IN ACREAGE  | Year of Plant | Acres |
|---|---------------|-------|
| Bearing acreage pulled (trees removed) after 2015 harvest. .... |               |       |
| Acreage sold or leased to another operator. ....                |               |       |
| Buyer or Lessee: _____  |               |       |
| Name & Address: _____   |               |       |

(OVER)

| ADDITION IN ACREAGE | Year of Plant | Acres |
|---------------------|---------------|-------|
|                     |               |       |

|   |  |  |
|---|--|--|
| New acreage to be harvested in 2016 for the first time since planting. .... |  |  |
| New acreage planted between April 1, 2015 and March 31, 2016. ....          |  |  |
| New acreage Purchased or Leased by you. ....                                |  |  |
| Seller or Lessor: _____   |  |  |
| Name & Address: _____   |  |  |

**COMMENTS:**

**Survey Results:** The prune crop forecast will be published June 1, 2016 at noon to our web site at [www.nass.usda.gov/ca](http://www.nass.usda.gov/ca). Growers responding to this survey will receive a copy of the crop forecast by mail.

**If you have any questions, please call Jeff Olson at 1-800-851-1127, Ext. 143.**

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

|                        |                      |             |       |       |       |
|------------------------|----------------------|-------------|-------|-------|-------|
| Respondent Name: _____ | 9911<br>Phone: _____ | 9910        | MM    | DD    | YY    |
|                        |                      | Date: _____ | _____ | _____ | _____ |

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

| Response         |      | Respondent  |      | Mode           |      | Enum. | Eval. | Change | Office Use for POID   |      |      |      |
|------------------|------|-------------|------|----------------|------|-------|-------|--------|-----------------------|------|------|------|
| 1-Comp           | 9901 | 1-Op/Mgr    | 9902 | 1-Mail         | 9903 | 9998  | 9900  | 9985   | 9989                  |      |      |      |
| 2-R              |      | 2-Sp        |      | 2-Tel          |      |       |       |        | _____ - _____ - _____ |      |      |      |
| 3-Inac           |      | 3-Acct/Bkpr |      | 3-Face-to-Face |      |       |       |        | <b>Optional Use</b>   |      |      |      |
| 4-Office Hold    |      | 4-Partner   |      | 4-CATI         |      |       |       |        | 9907                  | 9908 | 9906 | 9916 |
| 5-R – Est        |      | 9-Oth       |      | 5-Web          |      |       |       |        |                       |      |      |      |
| 6-Inac – Est     |      |             |      | 6-e-mail       |      |       |       |        |                       |      |      |      |
| 7-Off Hold – Est |      |             |      | 7-Fax          |      |       |       |        |                       |      |      |      |
|                  |      |             |      | 8-CAPI         |      |       |       |        |                       |      |      |      |
|                  |      |             |      | 19-Other       |      |       |       |        |                       |      |      |      |
| S/E Name         |      |             |      |                |      |       |       |        |                       |      |      |      |