

BEE AND HONEY INQUIRY - December 2020

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 Version 99



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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.

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State	POID	Tract	Subtr.
___	_____	___	___

1. During 2020, did this operation own or control any apiaries?

2701 1 Yes - Go to Item 3, page 2 3 No - Continue

2. Did this operation have any honey stocks for sale in 2020 from any production year?

2703 1 Yes - Go to Item 3, page 2 Complete columns 1 through 5 3 No - Go to Item 5, page 3

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2703
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Please Complete the Following Questions for All Apiaries You Owned or Controlled During 2020.

3. Report for each state in which you had colonies or stocks, starting with National first. It is possible to report the same colonies in more than one state.

1	2	3	4	5
<p>State List all states in which this operation had colonies in 2020 or stocks from any year.</p>	<p>What was the largest number of colonies, for all purposes, that this operation had in 2020 in this state? INCLUDE colonies for honey production, pollination, hobby, etc.</p> <p>Colonies</p>	<p>From how many of these colonies did you harvest or "pull off" honey in this state?</p> <p>Colonies</p>	<p>How many total pounds of honey were harvested in this state from these colonies?</p> <p>Pounds</p>	<p>How many pounds of honey stocks did this operation have for sale in this state on Dec 15th 2020? EXCLUDE honey under government or CCC loans.</p> <p>Pounds</p>
National	701	702	703	704
800 State: _____	801	802	803	804
800 State: _____	801	802	803	804
800 State: _____	801	802	803	804
800 State: _____	801	802	803	804
800 State: _____	801	802	803	804
800 State: _____	801	802	803	804

4. How many TOTAL POUNDS of honey did this operation harvest in all states in 2020? (Total should be sum of column 4).....

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5. Did you sell any honey during 2020? INCLUDE sales of honey produced in 2019.

⁷²⁰ Yes - Continue No - Go to Item 7

6. Please report 2020 sales of honey, by class and by year of production. Report the pounds sold and dollars received in 2020 by this operation for honey produced by this operation in 2019 and 2020. (Do not include resale of honey produced by another operation.)

HONEY COLOR CLASS	MARKETING CHANNEL	HONEY PRODUCED BY THIS OPERATION IN 2020		HONEY PRODUCED BY THIS OPERATION IN 2019	
		Pounds Sold in 2020	Dollars Received in 2020 ^{1/}	Pounds Sold in 2020	Dollars Received in 2020 ^{1/}
Water white, extra white, and white (0 - 34mm)	Sales to Cooperatives EXCLUDE non-member sales	727		725	
	Sales to Private Processing Companies INCLUDES non-member sales to Cooperatives	723	724 \$	721	722 \$
	Wholesale Sales - grocery stores, restaurants, distributors	718	719 \$	716	717 \$
	Retail Sales - direct to consumers	731	732 \$	729	730 \$
Extra light amber (35 - 50mm)	Sales to Cooperatives EXCLUDE non-member sales	739		737	
	Sales to Private Processing Companies INCLUDES non-member sales to Cooperatives	735	736 \$	733	734 \$
	Wholesale Sales - grocery stores, restaurants, distributors	714	715 \$	712	713 \$
	Retail Sales - direct to consumers	743	744 \$	741	742 \$
Light amber, amber and dark amber (51+ mm)	Sales to Cooperatives EXCLUDE non-member sales	751		749	
	Sales to Private Processing Companies INCLUDES non-member sales to Cooperatives	747	748 \$	745	746 \$
	Wholesale Sales - grocery stores, restaurants, distributors	775	776 \$	773	774 \$
	Retail Sales - direct to consumers	755	756 \$	753	754 \$
Area specialties: Sourwood, tupelo, buckwheat, etc. (Honey not included in any of the above classes)	Sales to Cooperatives EXCLUDE non-member sales	763		761	
	Sales to Private Processing Companies INCLUDES non-member sales to Cooperatives	759	760 \$	757	758 \$
	Wholesale Sales - grocery stores, restaurants, distributors	771	772 \$	769	770 \$
	Retail Sales - direct to consumers	767	768 \$	765	766 \$

^{1/} Report receipts before deductions of marketing charges such as transportation, grading, container costs, etc.

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7. During 2020, did this operation receive any income from contracting colonies as pollinators?

1856 Yes - Go to Item 7a No - Go to Item 8

a. What was your total dollar amount received from contracting colonies for pollination?.....

1857
\$

8. During 2020, did this operation receive any other income from honey bees? INCLUDE sales of queen/queen cells, nucs and packages, beeswax, propolis, etc.

1858 Yes - Go to Item 8a No - Go to Item 9

a. What was your total other income from honey bees?.....

1859
\$

9. During 2020, how many self-created queens were used on this operation for requeening or creating new colonies? EXCLUDE queens reared for sale.....

Queens
1871

10. In 2020, how many queens, packages, and nucs were purchased by this operation, and what was the amount spent on those items?

a. Purchased queens/queen cells? EXCLUDE self-created queens.....

b. Purchased packages? (with or without queen)

c. Purchased nucs?

None	Number Purchased	Total Dollars Spent
<input type="checkbox"/>	1872	1863
<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	1873	1864
<input type="checkbox"/>	\$	\$
<input type="checkbox"/>	1874	1865
<input type="checkbox"/>	\$	\$

11. In 2020, what were total expenditures for the following items on this operation:

a. Varroa control/treatment?.....

b. Prevent/treat other colony health issues? INCLUDE Nosema, tracheal mites, foulbrood, paralysis, Kashmir, cloudy wing, etc.....

c. Feed? (Including syrup, sugar water, honey, pollen patties, and other feeds.).....

d. New foundation for combs? EXCLUDE comb purchased with nucs.....

e. New hives, boxes, woodenware? (Langstroth, top bar, other).....

None	Total Dollars Spent
<input type="checkbox"/>	1860
<input type="checkbox"/>	\$
<input type="checkbox"/>	1861
<input type="checkbox"/>	\$
<input type="checkbox"/>	1862
<input type="checkbox"/>	\$
<input type="checkbox"/>	1866
<input type="checkbox"/>	\$
<input type="checkbox"/>	1867
<input type="checkbox"/>	\$

12. During 2020, did this operation pay any fees to winter colonies in a warehouse or on land?

1868 Yes - Go to Item 12a No - Go to Item 13

a. What were your total fees/rent to winter your colonies?

1869
\$

13. During 2020, including yourself, what was the peak number of people working on your apiaries? EXCLUDE employees that did not work with colonies, i.e. office staff, etc.....

Employees
1870

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Notes/Comments:

Notes/Comments:

Complete Items 14, 15, and 16 only if the operation named on the label did NOT report for Items 3, 4, or 6; otherwise, go to Item 17.

14. Will this operation own or control any apiaries in 2021?

2702 Yes

No

15. Has the operation named on the label been sold, rented, or turned over to someone else?

Yes - Go to 16

No - Continue (15a)

15a. Will the land be used for any agricultural purpose by you (the operator), or anyone else in the next year? Include growing crops, grains, row crops, oilseeds, fruits, vegetables, or specialty crops, raising any livestock, poultry or bees.

Yes

Don't Know

No

(Regardless of answer to above, write a note to explain the situation, then go to Item 17.)

16. What is the name and address of the new operation that has taken over the land or colonies?

Operation Name: _____

Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

check if
cell phone

Phone: () _____ - _____ 9956

17. Survey Results: To receive the complete results of this survey on the release date, go to: nass.usda.gov/results

To have a brief summary emailed to you, please enter your email address:

1095

Contact Information

Operation Email: (if different from above)

Operation Phone:

9937	9936 () _____ - _____	check if cell phone 9957 <input type="checkbox"/>
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This completes the survey. Thank you for your help.

Comments:

Respondent Name:

Respondent Phone: (if different from above)

9912	9911 () -	check if cell phone 9958 <input type="checkbox"/>	9910 MM DD YY Date: - - - -
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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 2-PATI 3-PAPI 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 _____ - _____ - _____			
									Optional Use			
						9907	9908	9906	9916			

S/E Name: