

# MILK PRODUCTION REPORT- OCTOBER 1, 2020

OMB No. 0535-0020  
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**United States  
 Department of  
 Agriculture**



**NATIONAL  
 AGRICULTURAL  
 STATISTICS  
 SERVICE**

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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 to this survey is voluntary.

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1. Were any milk cows, including any dry cows, on this operation on October 1, 2020?

- Yes - Go to item 2       No      a. Will there be any milk cows on this operation during 2020?

- 1  Yes      2  Don't Know      3  No

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Please sign and return this report in the enclosed envelope.

2. How many milk cows, including any dry cows, were on this operation on October 1?  
 EXCLUDE any heifers not yet freshened.....

352	Number
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a. How many cows were milked on this operation on October 1?.....

349	Number
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b. How much milk was produced on this operation October 1? (Only one day's production).....

502	Gals.	OR	501	Lbs.
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i. How much of this milk (2b) was used for food or drink by all people on this farm?.....

503	Quarts
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ii. How much of this milk (2b) was fed as whole milk (unskimmed) to calves or other livestock on this operation? (Do not include milk sucked by calves.).....

505	Gals.	OR	504	Lbs.
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3. Milk cows for dairy herd replacement - Average price per head in your locality?  
 EXCLUDE heifers that have not calved.....

514	\$
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CONTINUE ON BACK

**HAY PRICES**

- INCLUDE any size or type of dry hay bale but exclude hay bought as standing hay.
- EXCLUDE all hay purchased from dealers or any source other than farmers.
- EXCLUDE straw, haylage, greenchop, and baleage.

1. How many tons of baled alfalfa hay and alfalfa hay mixtures did you purchase from other farmers in September?..... TONS  
289

2. What was the total amount you paid for the alfalfa hay and alfalfa hay mixtures purchased from other farmers in September?..... DOLLARS  
181

3. Was any of the baled alfalfa hay and alfalfa hay mixtures you purchased premium or supreme grade?  
 • Premium grade: Early maturity, i.e., pre-bloom, in legumes and pre-head in grass hays, extra leafy and fine stemmed. Factors indicative of a high nutritive content. Hay is green and free of damage.  
 • Supreme grade: Very early maturity, pre-bloom, soft fine stemmed, extra leafy. Factors indicative of very high nutritive content. Hay is excellent color and free of damage.

1  Yes - Continue                      3  No - Skip to Item 4                      2  Don't Know - Skip to Item 4 494

a. How many tons of baled premium and supreme grade alfalfa hay did you purchase from other farmers in September?..... TONS  
290

b. What was the total amount you paid for the premium and supreme grade alfalfa hay purchased from other farmers in September?..... DOLLARS  
182

4. How many tons of other baled hay, including fescue, clover, bermuda, sudan, sudan crosses, lespedeza, bahia, timothy, grain, ryegrass, other grass, other tame, and wild hay did you purchase from other farmers in September?..... TONS  
319

5. What was the total amount you paid for the other baled hay purchased from other farmers in September?..... DOLLARS  
187

Survey Results: To receive the complete results of this survey on the release date, go to <https://www.usda.gov/results>

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

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Comments related to the information you reported: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Operation Email: (if different from above) Operation Phone:

9937	9936	(    ) - _____	check if cell phone <input type="checkbox"/>
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Respondent Name: Respondent Phone (if different from above)

9912	9911	check if cell phone <input type="checkbox"/>	9910	MM	DD	YY
(    ) - _____			Date:    _ _    _ _    _ _			

This completes the survey. Thank you for your help.

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Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID	
1-Comp	9901	1-Op/Mgr	9902	1-PASI (Mail)	9903	9998	9900	9985	9989	
2-R		2-Sp		2-PATI (Tel)					_ _ _ _ - _ _ _ _ - _ _ _ _	
3-Inac		3-Acct/Bkpr		3-PAPI (Face-to-Face)					Optional Use	
4-Office Hold		4-Partner		6-Email			R. Unit			
5-R - Est		9-Oth		7-Fax			9921		9907	9908
6-Inac - Est				19-Other					9906	9916
7-Off Hold - Est										
S/E Name										