

AG YIELD SURVEY - JUNE 2020

OMB No.0535-0213
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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 number is 0535-0213. 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.

Office Use			
FIPS	POID	Tract	Subtr.
_ _	_ _ _ _ _	_ _	_ _

If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for the following crop. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. EXCLUDE information for land rented to others.

1. WINTER WHEAT

IRRIGATED NON-IRRIGATED

a. Harvested and to be harvested (grain and seed only).....	Acres	477	480
b. Expected yield for grain and seed.....	Bu. per Acre	184	196
c. Has harvest been completed?..... Yes = 1	No = 3	980	

CONTINUE ON BACK

SECTION 2: CONCLUSION

1. If you no longer operate this farm or ranch, please provide the name and address of the new operator.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ County: _____

2. **SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to https://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

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

1095

	9911	9910 MM DD YY
Respondent Name:	Phone: (____) ____ - ____	Date: ____ - ____ - ____

This completes the survey. Thank you for your help.

OFFICE USE ONLY													
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)									
4-Office Hold		4-Partner		6-Email					Optional Use				
5-R – Est		9-Oth		7-Fax					R. Unit				
6-Inac – Est				19-Other					9921	9907	9908	9906	9916
7-Off Hold – Est													
S/E Name													