MILK PRODUCTION REPORT-JULY 1, 2023

OMB No. 0535-0020 Approval Expires: x/xx/20xx Project Code: 178

Surveyld: 3336

Version: B - CA, ID, MI, MN, NY, PA, TX, WI,



United States Department of Agriculture



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 response 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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 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.

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 is 0535-0020. The time required to complete this information collection is estimated to average 15 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.

1.	Were any milk cows, including any d	ry cows, on this oper	ation on July 1, 202	3?						
	Yes - Go to item 2									
					OFFICE USE					
		₁ ☐ Yes	₂ Don't Know	3 No	491					
Please sign and return this report in the enclosed envelope.										
2.	How many milk cows, including any dry cows, were on this operation on July 1? EXCLUDE any heifers not yet freshened									
					349					
	a. How many cows were milked on this operation on July 1? Number									
	b. How much milk was produced on production)	this operation July 1	? (Only one day's	02 Gals.	501 Lbs.					
3.	Milk cows for dairy herd replacement EXCLUDE heifers that have not calv			? \$	514					

CONTINUE ON BACK

НА	 INCLUDE any size or type of dry hay bale but exclude hay bought as standing ha EXCLUDE all hay purchased from dealers or any source other than farmers. EXCLUDE straw, haylage, greenchop, and baleage. 	y. TONS				
1.	How many tons of baled alfalfa hay and alfalfa hay mixtures did you purchase from other farmers in June?	289				
	June ?	DOLLARS				
2.	What was the total amount you paid for the alfalfa hay and alfalfa hay mixtures purchased from other	_				
	farmers in June?					
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 leastemmed. Factors indicative of a high nutritive content. Hay is green and free of damage. 	afy and fine				
	 Supreme grade: Very early maturity, pre-bloom, soft fine stemmed, extra leafy. Factors indicative nutritive content. Hay is excellent color and free of damage. 	of very high				
1	☐ Yes - Continue 3 ☐ No - Skip to Item 4 2 ☐ Don't Know - Skip to Item	4 494				
		TONS				
	a. How many tons of baled premium and supreme grade alfalfa hay did you purchase from other farmers in June?	290				
		DOLLARS				
	b. What was the total amount you paid for the premium and supreme grade alfalfa hay purchased from other farmers in June?	182				
		TONS				
4.	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 June?					
		DOLLARS				
5.	187					
Su	rvey 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					
	nments related to the information you orted:					
One	eration Email: (if different from above)					
Operation Email: (if different from above) 9937 Operation Phone: 9936		check if				
	()	cell phone				
Re	spondent Name: Respondent Phone (if different from above)					
991) MM DD YY				
	() Ceil phone Date	<u> </u>				
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This completes the survey. Thank you for your help.

	Respond										
	Response Respondent		Mode		Enum.	Eval.	Change	Office Use for POID)	
2-Sp 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth 6-7-	2-Sp 3-Acct/Bkpr 4-Partner	2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email	9903	9998	9900 R. Unit	9985 nit	9989				
			9921		9907	9908	9906	9916			
		3-Acct/Bkpr 4-Partner	3-Acct/Bkpr 4-Partner	3-Acct/Bkpr 4-Partner 3-PAPI (Face-to- Face)	3-Acct/Bkpr 4-Partner 5-Oth 3-PAPI (Face-to-Face) 6-Email 7-Fax	3-Acct/Bkpr 4-Partner 9-Oth 3-PAPI (Face-to- Face) 6-Email 7-Fax	3-Acct/Bkpr 4-Partner Face) 9-Oth 6-Email 7-Fax	3-Acct/Bkpr 4-Partner Face) 9-Oth 6-Email R. Unit	3-Acct/Bkpr 4-Partner Face) 9-Oth 6-Email 7-Fax	3-Acct/Bkpr 4-Partner 9-Oth 6-Email 7-Fax	3-Acct/Bkpr 4-Partner 9-Oth 6-Email 7-Fax R. Unit Optional Use