

MILK PRODUCTION REPORT- JULY 1, 2023

OMB No. 0535-0020
 Approval Expires: 6/30/2024
 Project Code: 178
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 Version: B - CA, ID, MI, MN, NY, PA, TX, WI,



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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 dry cows, on this operation on July 1, 2023?

Yes - Go to item 2 No a. Will there be any milk cows on this operation during 2023?

1 Yes 2 Don't Know 3 No

OFFICE USE

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..... Number

352

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

349

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

502

OR

501	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

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 June?.....

TONS

289

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

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 June?.....

TONS

290

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

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 June?.....

TONS

319

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

DOLLARS

187

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

Comments related to the information you reported: _____

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

9937 9936 check if cell phone

() _____

Respondent Name: Respondent Phone (if different from above)

9912 9911 check if cell phone 9910 MM DD YY

() _____ 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					9907	9908	9906	9916	
6-Inac - Est				19-Other					9921				
7-Off Hold - Est													
S/E Name													