

AG YIELD SURVEY

May 2007



North Dakota Field Office
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Your help is needed to prepare crop estimates to be published in the May 11th Crop Production report. Response to this survey is voluntary. Facts about your operation will be kept CONFIDENTIAL and used only in combination with similar reports from other producers for statistical summaries.

If you have any questions about the survey, please feel free to call 1-800-626-3134.

Please make corrections to name, address and Zip Code, if necessary.

Stratum	POID	Tract	Subtr.
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If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE, YIELD, and HAY STOCKS

Please report the acres planted, acres for harvest and yield per acre you expect to harvest from the total acres you operate for each of the following crops. 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.)

WINTER WHEAT

Planted for all purposes (Including cover crop)	Acres	540
Harvested and to be harvested (grain and seed only)	Acres	541
Yield for grain and seed	Bu. Per Acre	151

HAY STOCKS

What was the TOTAL PRODUCTION for ALL HAY (include only DRY HAY from all cuttings) harvested on the total acres you operated last year? (2006 crop)

(_____ bales and _____ wt. per bale) **Tons** 076

Report ALL OLD CROP HAY STORED MAY 1, 2007 on the total acres you now operate regardless of where produced.
 (Include only DRY HAY produced in 2006 and earlier years.)

(_____ bales and _____ wt. per bale) **Tons** 075

SECTION 2 - CONCLUSION

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

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

Would you like to receive a free copy of the results of this survey in the mail?
 (The results will also be available on the Internet <http://www.nass.usda.gov>, after 8:30 a.m. ET on May 11, 2007)

Yes = 1 **No = 3** 099

This completes the survey. Thank you for your help.

Reported by: _____ Phone : (_____) _____ Date: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 10 minutes per response.

9910 **MM** **DD** **YY**
DATE: _____

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Office Use for POID
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789
2-R		2-Sp		2-Tel				
3-Inac		3-Acct/Bkpr		3-Face-to-Face				
4-Office Hold		4-Partner		4-CATI				
5-R - Est		9-Oth		5-Web				
6-Inac - Est				6-e-mail				
7-Off Hold - Est				7-Fax				
8-Known Zero				8-CAPI				
				19-Other				
							R. Unit	
							921	Optional Use
							407	408

S/E Name _____