



**United States
Department of
Agriculture**

**AGRICULTURAL SURVEY
March 1, 2007**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

Nebraska Field Office
P.O. Box 81069
Lincoln, NE 68501
1-800-582-6443 Fax 1-888-814-6117
nass-ne@nass.usda.gov

Information requested in this survey is used to prepare estimates of selected agricultural commodities. Facts about your operation are **confidential** and used only in combination with similar reports from other producers. Response is **voluntary**.

Please report for the FSA Farm or parcel(s) of land shown on the map below in gray. Continue onto page 2.

Office Use			
Stratum	POID	Tract	Subtr.
_____	_____	_____	_____

Office Use		
Date	Time	Notes

Introduction

1. Are you knowledgeable about the acreage and production for this FSA Farm or parcel(s) of land shown on the map?
 - Yes** - Verify your name and address on the front page, make any necessary changes, and continue with Question 2.
 - No** - Go to Section 4 on Page 5 to provide contact information for the person who can answer questions about this land.

2. Has the amount of land associated with this FSA Farm changed since August 1, 2006?
 - Yes** - Please report for the land shown on the map, regardless of changes to this FSA Farm, and continue with Section 1 below.
 - No** - Continue with Section 1 below.

Section 1 - Acres in this FSA Farm or Parcel(s) of Land

1. According to USDA records, as of August 1, 2006, this FSA Farm or parcel(s) of land consisted of xxxxxx acres, as shown on the map in gray. (This number is printed in the box.)

Acres
900

2. For this FSA Farm, how many acres are considered tillable cropland, including land in hay, summer fallow, cropland idle, cropland used for pasture and cropland in government programs? (Exclude wild hay).....

Acres
802

Office Use

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Section 2 - Crops

Instructions for this section:

- Report for this FSA Farm or parcel(s) of land.
- Report for crops that will be grown during the 2007 crop year.

For this FSA Farm, complete the entire section.

1. Winter Wheat planted and to be planted for all purposes and acres to be harvested for either grain or seed for the 2007 crop year.	Acres
a. Acres planted for all purposes? (Including cover crop, grazed off, plowed under, or abandoned.)	540
b. Acres to be harvested for either grain or seed?	541
2. For the following small grains, please report acres planted and to be planted for all purposes last fall or this spring, for the 2007 crop year.	Acres Planted and To Be Planted
a. Oats planted and to be planted for all purposes? (Including cover crop, grazed off, plowed under, or abandoned.)	533
3. For the following crops, please report acres planted and to be planted for all purposes this spring or summer, for the 2007 crop year.	Acres Planted and To Be Planted
a. Corn for all purposes? (Excluding popcorn and sweet corn.)	530
b. Sorghum for all purposes? (Including milo, other grain, and forage sorghum. Excluding sorghum x sudan crosses.)	570
c. Soybeans for all purposes?	600
d. Dry Edible Beans:	
(i) Small Chickpeas? (Garbanzo Beans that pass through a 20/64 inch round screen).	706
(ii) Large Chickpeas? (Garbanzo Beans larger than the 20/64 inch round screen).	705
(iii) All Other classes?	693
e. Sunflower for all purposes:	
(i) Oil varieties?	680
(ii) Non-oil varieties?	681
4. Please report acres cut and to be cut for dry hay in 2007.	
• Include acres to be cut for dry hay that are enrolled in government programs. (For example: Conservation Reserve Program (CRP)).	
• Exclude (from dry hay) acres to be cut only for straw, haylage, or greenchop.	
a. All Hay? (Including alfalfa and alfalfa mixtures, clover and grass mixtures, cane sorghum, wild hay, grains, sudan crosses, brome, millet, and other tame hays.)	Acres for Harvest
	650

Section 3 – Storage Capacity and Crops Stored On This FSA Farm

1. On March 1, what was the **Total Storage Capacity** of all structures normally used to store **Whole Grains, Pulse Crops, or Oilseeds** on this FSA Farm?.....

bushels

Capacity
808

Please **account** for whole grains, pulse crops, and oilseeds stored March 1 on this FSA Farm, whether for feed, seed or sale. They may have belonged to you or someone else, or been stored under a government program (loan, farmer owned reserve, or CCC).

2. On March 1, were any of the following crops stored on this FSA Farm from 2006 and earlier crop years:

- | | No | Yes | |
|---|--------------------------|--------------------------|-------------------------------|
| a. Whole Grain Corn?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many bushels?..... |
| b. Soybeans?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many bushels?..... |
| c. Sorghum Grain (Milo)?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many bushels?..... |
| d. Wheat, including all types (winter, durum, and spring)?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many bushels?..... |
| e. Oats?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many bushels?..... |
| f. Sunflower – (oil varieties)?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many pounds ?..... |
| g. Sunflower – (non-oil varieties)?..... | <input type="checkbox"/> | <input type="checkbox"/> | How many pounds ?..... |

Amount on FSA Farm March 1
121
125
122
126
123
131
132

Section 4 - Change in Contact Person

1. Has the contact person for part or all of this FSA Farm or parcel(s) of land changed from the one listed on the front page?

Yes – [Continue]

No – [Go to Section 5.]

2. Provide contact information for the person who can answer questions about this land.

Contact Person Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Acres: _____

Land Use: _____

3. Please explain the reason for the change.

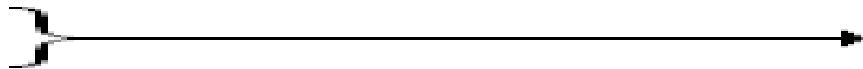
Section 5 - Conclusion

1. Would you like to receive a copy of the results of this survey in the mail?

(The survey results will also be available on the Internet at <http://www.nass.usda.gov> after 8:30 am ET on March 30, 2007.)

Yes - [Enter **code 1.**]

No - [Enter **code 3.**]



Code
099

Respondent Name: _____ Phone: (_____) _____

9910	MM	DD	YY
Date:	____	____	____

Thank you for your response.

Provide additional comments here.

Office Use		
921	138	141

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

Office Use for POID	
789	

Optional Use	
407	408

S/E Name

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 to complete this information collection is estimated to average 20 minutes per response.