[redacted]

AG YIELD SURVEY
October 2006

NATIONAL AGRICULTURAL STATISTICS SERVICE

Iowa Field Office
210 Walnut St., Room 833
Des Moines, IA 50309
1-800-772-0825
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Your help is needed to prepare crop estimates to be published in the October 12th 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 1-800-772-0825.

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

Stratum	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 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*.)

TOTAL CROP

CORN
Harvested and to be harvested (*grain and seed only*) . . . . . **Acres** 531
Expected yield for grain and seed . . . . . **Bu. per Acre** 154
Has harvest been completed? **YES = 1** 950

SOYBEANS
Harvested and to be harvested for beans . . . . . **Acres** 599
Expected yield for beans . . . . . **Bu. Per Acre** 157
Has harvest been completed? **YES = 1** 955

ALFALFA & ALFALFA MIXTURES for HAY
(**Include** only Dry Hay from all expected cuttings)
(Count each acre only once, regardless of the number of cuttings or different uses.)
. . . . . **Acres** 653
(_____ bales and _____ wt. / bale)
. . . . . **Tons per Acre** 578 . ___

ALL OTHER HAY (***Include*** *only Dry Hay from all expected cuttings*)
(Count each acre only once, regardless of the number of cuttings or different uses.)
(**Exclude** alfalfa and alfalfa mixtures) . . . . . **Acres** 654
(_____ bales and _____ wt. / bale)
. . . . . **Tons per Acre** 579 . ___

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 at* ***http://www.nass.usda.gov,*** *after 8:30 a.m. ET on October 12, 2006.*). . . . . ☐ **Yes** = 1. 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 **DATE:** **MM** __ __ **DD** __ __ **YY** __ __

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID
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	789 __ __ __ - __ __ __ - __ __ __
							R. Unit	
							921	**Optional Use** 407 / 408
S/E Name								