

CONSERVATION PRACTICE ADOPTION MOTIVATIONS SURVEY VERSION 2

CONFINED LIVESTOCK PRACTICES

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USDA/NASS
National Operations Division
9700 Page Avenue, Suite 400
St. Louis, MO 63132-1547
Phone: 1-888-424-7828
Fax: 1-855-415-3687
Email: nass@nass.usda.gov

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

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1. Did you, regardless of ownership, raise any swine, poultry, milk cows, veal calves, or feeder cattle (including backgrounders) on your operation during 2020?

xxx 1 ☐ Yes - Go to Section 1 - Land Use and Livestock on page 2 3 ☐ No - Continue to Item 1a, then Go to Section 12 - Conclusion on page 32

- a. What is the current status of your livestock operation?

xxx

1 ☐ Sold

2 ☐ Rented out

3 ☐ Idle for more than a year

After answering Item 1a above, Go to Section 12 - Conclusion on page 32.

Section 1 - Land Use and Livestock

Please report farm/ranch land owned, rented, or used in your operation.

INCLUDE all cropland, Conservation Reserve Program (CRP), pastureland, woodland, wasteland, farmstead, acres used for crop/livestock production facilities, and all other building sites associated with this operation, etc.

1. On January 1, 2021, how many acres did this operation:		
a. Own?.....	+	901
b. Rent or Lease from others or use Rent Free? INCLUDE any short term leases or land used on an animal unit month (AUM) basis	+	902
c. Rent to others?.....	-	905
	=	900
2. Calculate Item 1a + 1b - 1c. Then the total acres operated on January 1, 2021, was:		
3. Of the total acres operated, how many acres are considered:		
a. Cropland, including land in hay, summer fallow, cropland idle, and cropland in government programs?		
b. Grazing land, including permanent pasture and rangeland, woodland pastured, and other pasture and grazing land (including rotational pasture) that could have been used for crops without additional improvements?		
c. Woodland, not pastured?		
d. Other land?		
4. Of the total acres operated, how many acres were enrolled in the Conservation Reserve Program (CRP), Wetlands Reserve Program (WRP), Farmable Wetlands Program (FWP), Conservation Reserve Enhancement Program (CREP), Agricultural Conservation Easement Program (ACEP, WRE, ALE) and the Farm and Ranch Lands Protection Program (FRPP) on May 1, 2020?		

Section 1 - Land Use and Livestock (continued)

5. Report the total number of livestock and poultry, by type, on your operation on January 1, 2021.

a. Beef cows

INCLUDE beef heifers that have calved

EXCLUDE heifers that have not calved, steers, calves, and bulls

b. Milk cows, including any dry cows

EXCLUDE any heifers not yet freshened

c. Other cattle and calves

INCLUDE fed cattle, beef and dairy cull animals, stockers and feeders, veal calves, etc.

d. All hogs and pigs

e. All poultry

INCLUDE layers and pullets, including table and hatching, turkeys, broilers, other chickens, ducks, etc.

Number

6. During 2020, did this operation produce organic products according to USDA's National Organic Program (NOP) standards or have acres transitioning into USDA NOP Production?

EXCLUDE processing and handling

xxx

1 ☐ Yes

3 ☐ No

Section 2 - Technical Assistance

1. On your livestock operation, have you ever received technical assistance (expertise or information) for conservation from any federal, state, local university, or other source that was not financial?

INCLUDE

- Expertise or information provided for planning or implementing a conservation practice or designing, laying out or installing conservation structures
- Expertise or information from private technical service providers (TSPs) that is reimbursed by federal, state, or local governments

EXCLUDE financial assistance given that helps defray the cost of installing or implementing conservation practices

xxx

¹ ☐ Yes - Continue

³ ☐ No - Go to Item 1b

- a. Have you received technical assistance from any of these sources? Select all that apply.

xxx

☐ Federal agencies

xxx

☐ State or local agencies

xxx

☐ Private sources (free or paid)

- b. Report your agreement or disagreement with the following statements about technical assistance from a government, university, or other source.

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Technical assistance is available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I received technical assistance in 2020.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have received technical assistance in the past, but not in 2020.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have never sought out any form of technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I have had trouble getting technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance is beneficial to my operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I would use technical assistance if it was free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I am comfortable using technical assistance from the federal government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I am comfortable using technical assistance from a non-federal government source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 - Waste Storage

1. Are the following waste storage facilities currently in use on your livestock operation?

EXCLUDE facilities designed to treat waste which are asked about in Section 4 - Waste Treatment on page 8

Complete the table below and follow the instructions at the bottom of the table below.

Storage facilities for waste	Do you have any of these storage facilities on your operation?	Number of facilities in use in 2020	Number of facilities taken over from another operation	Number of facilities installed by you
1	2	3	4	5
Buildings for solid waste	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundments, compacted soil lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundments, concrete lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundments, geomembrane or geosynthetic clay lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Tank, steel lined	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

If you answered "No" to all facility types in Item 1, Column 2, above, continue.
If you answered "Yes" for any facility type in Item 1, Column 2, above, Go to Item 3 on page 6.

2. Please report your agreement or disagreement with the following statements regarding waste storage facilities.

Complete the table below, then go to Section 4 - Waste Treatment on page 8.

I chose not to install waste storage facilities because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed waste storage facilities.

Other reason, specify: ^{xxx} _____

After completing Item 2 above, Go to Section 4 - Waste Treatment on page 8.

Section 3 - Waste Storage (continued)

3. Are the waste storage facilities on your operation required by regulation?

INCLUDE regulation from Federal, State or local governments

xxx

1 ☐ Yes

3 ☐ No

4. At any point during the calendar year are your waste storage facilities completely full?

xxx

1 ☐ Yes - Complete Items 4a and 4b below, then go to Item 5

3 ☐ No - Go to Item 4c

- a. Do you sell or give away excess waste to other operations?

xxx

1 ☐ Yes

3 ☐ No

- b. Do you spread excess waste on your own fields?

xxx

1 ☐ Yes

3 ☐ No

After completing Items 4a and 4b above, Go to Item 5

- c. Are you required, by regulation, to maintain more storage than needed?

xxx

1 ☐ Yes

3 ☐ No

- d. Did you build more storage than you need to meet requirements for receiving financial assistance?

xxx

1 ☐ Yes

3 ☐ No

5. Have changes in weather affected your management of waste storage?

xxx

1 ☐ Yes - Continue

3 ☐ No - Go to Item 6

- a. Have any of the following changes affected your management of waste storage?

- i. Increased precipitation

xxx

1 ☐ Yes

3 ☐ No

- ii. Decreased precipitation

xxx

1 ☐ Yes

3 ☐ No

- iii. Seasonal change in precipitation

xxx

1 ☐ Yes

3 ☐ No

6. Did you install any of the waste storage facilities on your operation (as opposed to taking them over from another operation)?

xxx

1 ☐ Yes - Continue

3 ☐ No - Go to Section 4 - Waste Treatment on page 8

- a. Were the waste storage facilities you installed:

- i. New (no prior facility on the same location)?

xxx

1 ☐ Yes

3 ☐ No

- ii. Renovation of existing facilities?

xxx

1 ☐ Yes

3 ☐ No

- b. Did the facilities you installed result in an overall increase in waste storage capacity?

xxx

1 ☐ Yes

3 ☐ No

Section 3 - Waste Storage (continued)

c. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	Number of facilities where financial assistance covered this percentage of costs:		
			Less than 50%	50 - 75%	Greater than 75%
Buildings for solid waste	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundment, compacted soil lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundment, concrete lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Impoundment, geomembrane or geosynthetic clay lining	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Tank, steel lined	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

i. What portion of financial assistance to begin this practice was from federal sources?

Enter 0 if no financial assistance was received.)

xxx	%
-----	---

d. How important are the following in your decision to install waste storage facilities on your operation?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx More storage was required to expand my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Changing weather required change in storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality or additional environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Did you select the type of storage based on? Select all that apply.

xxx ☐ Cost

xxx ☐ Management time or effort

xxx ☐ Other criteria, specify: xxx _____

f. Please specify any additional reason why you have installed waste storage facilities.

xxx Other reason, specify: xxx _____

Section 4 - Waste Treatment

1. What type of waste treatment facilities are currently in use on your livestock operation?

Complete the table below and follow the instructions at the bottom of the table below.

Waste Treatment Practice	Do you use any of these waste treatment practices on your operation?	Number of facilities in use in 2020	Number of facilities taken over from another operation	Number of facilities installed by you
1	2	3	4	5
Water treatment lagoon INCLUDE impoundments constructed for treating waste to reduce effluent odor and nutrient content EXCLUDE facilities that are only for waste storage	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Waste separation facility INCLUDE filters or screens, settling tanks, settling basins, or settling channels used to separate manure solids from liquids	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Animal mortality facility INCLUDE structures for the treatment or disposal of carcasses from day-to-day operations EXCLUDE emergency mortality events	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Vegetated treatment area INCLUDE areas with permanent vegetation used for agricultural wastewater treatment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

If you answered "No" to all facility types in Item 1, Column 2, above, Go to Item 2 on page 9.

If you answered "Yes" for any facility type in Item 1, Column 2, above, Go to Item 3 on page 9.

Section 4 - Waste Treatment (continued)

2. Please report your agreement or disagreement with the following statements regarding waste treatment facilities. Complete the table below, then go to Section 5 - Waste Transfer on page 13.

I chose not to install waste treatment facilities because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed waste treatment facilities.

Other reason, specify: ^{xxx} _____

After completing Item 2 above, Go to Section 5 - Waste Transfer on page 13.

3. Are the waste treatment facilities on your operation required by regulation?

INCLUDE regulation from Federal, State, or local governments.

xxx

1 ☐ Yes

3 ☐ No

4. At any point during the calendar year do you produce waste in excess of your waste treatment capacity?

xxx

1 ☐ Yes - Complete Items 4a and 4b below, then go to Item 5 on page 10 3 ☐ No - Go to Item 4c

a. Do you sell or give away excess waste to other operations? ^{xxx} 1 ☐ Yes 3 ☐ No

b. Do you spread excess waste on your own fields? ^{xxx} 1 ☐ Yes 3 ☐ No

After completing Items 4a and 4b above, Go to Item 5 on page 10

c. Are you required, by regulation, to maintain more waste treatment capacity than needed? ^{xxx} 1 ☐ Yes 3 ☐ No

d. Did you build more waste treatment capacity than you needed to meet standards for receiving financial assistance? ^{xxx} 1 ☐ Yes 3 ☐ No

Section 4 - Waste Treatment (continued)

5. If you have a waste separator, what types have you implemented? Select all that apply.

- xxx ☐ Inclined screen
- xxx ☐ Screw press
- xxx ☐ Roller press
- xxx ☐ Belt press
- xxx ☐ Settling basin
- xxx ☐ Weeping wall
- xxx ☐ Vibratory screen
- xxx ☐ Rotating screen
- xxx ☐ Centrifuge
- xxx ☐ Geotextile container

6. What type of day-to-day animal mortality management do you implement on your operation? Select all that apply.

- xxx ☐ Rendering
- xxx ☐ Composting
- xxx ☐ Burial
- xxx ☐ Freezer
- xxx ☐ Incineration
- xxx ☐ Gasification

7. Have changes in weather affected your management of waste treatment facilities?

- xxx 1 ☐ Yes - Continue 3 ☐ No - Go to Item 8 on page 11

a. Have any of the following changes affected your management of waste treatment facilities?

- | | | | |
|---|-----|--------------------------------|-------------------------------|
| i. Increased precipitation | xxx | 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> No |
| ii. Decreased precipitation | xxx | 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> No |
| iii. Seasonal change in precipitation | xxx | 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> No |

Section 4 - Waste Treatment (continued)

8. Did you install any of the waste treatment facilities on your operation (as opposed to taking them over from another operation)?

xxx
1 ☐ Yes - Continue

3 ☐ No - Go to Section 5 - Waste Transfer on page 13

- a. Were the waste treatment facilities you installed:

i. New (no prior facility on the same location)? xxx
1 ☐ Yes 3 ☐ No

ii. Renovation of existing facilities? xxx
1 ☐ Yes 3 ☐ No

b. Did the facilities you installed result in an overall increase in waste treatment capacity? xxx
1 ☐ Yes 3 ☐ No

- c. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	Number of facilities where financial assistance covered this percentage of costs:		
			Less than 50%	50 - 75%	Greater than 75%
Waste treatment lagoon	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Waste separation facility	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Animal mortality facility	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

- i. What portion of financial assistance to begin this practice was from federal sources?
Enter 0 if no financial assistance was received.

xxx
%

Section 4 - Waste Treatment (continued)

d. What factors, other than regulation, were important in deciding to install waste treatment facilities?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed a waste management or storage problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Facilitated better use of nutrients or export to other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Please specify any additional reason why you have installed waste treatment facilities.

Other reason, specify: ^{xxx} _____

Section 5 - Waste Transfer

1. What type of waste transfer structures are currently in use on your livestock operation?

Complete the table below and follow the instructions at the end of the table.

Waste transfer structures	Do you use any of these waste transfer structures on your operation?	Number of facilities in use in 2020	Number of facilities taken over from another operation	Number of facilities installed by you
1	2	3	4	5
Waste Transfer A structure or system of structures to move waste or waste byproducts from one location to another. INCLUDE pits, tanks, channels, pipes EXCLUDE manure spreaders, honey wagons and other land application equipment	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Pumping Plant A pump to transfer waste. INCLUDE pump(s), power unit(s), and all other parts necessary for a functioning pumping plant	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

If you answered "No" to all facility types in Item 1, Column 2, above, continue.
 If you answered "Yes" for any facility type in Item 1, Column 2, above, Go to Item 3 on page 14.

2. Please report your agreement or disagreement with the following statements regarding waste transfer facilities.

Complete the table below, then go to Section 6 - Comprehensive Nutrient Management on page 16.

I chose not to install waste transfer facilities because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed waste transfer facilities.

Other reason, specify: xxx _____

After completing Item 2 above, Go to Section 6 - Comprehensive Nutrient Management on page 16.

Section 5 - Waste Transfer (continued)

3. Are the waste transfer facilities on your operation required by regulation?

INCLUDE regulation from Federal, State, or local governments.

xxx 1 ☐ Yes3 ☐ No

- a. Are the waste transfer facilities required as a part of your comprehensive nutrient management plan? xxx 1
- ☐
- Yes 3
- ☐
- No

- b. Are they required due to a change in management? xxx 1
- ☐
- Yes 3
- ☐
- No

4. Did you install any of the waste transfer facilities on your operation (as opposed to taking them over from another operation)?

xxx 1 ☐ Yes - Continue3 ☐ No - Go to Section 6 - Comprehensive Nutrient Management on page 16

- a. Were the waste transfer facilities you installed:

- i. New (no prior facility on the same location)? xxx 1
- ☐
- Yes 3
- ☐
- No

- ii. Renovation of existing facilities? xxx 1
- ☐
- Yes 3
- ☐
- No

- b. Did the facilities you installed result in an overall increase in waste transfer capacity? xxx 1
- ☐
- Yes 3
- ☐
- No

- c. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	Number of facilities where financial assistance covered this percentage of costs:		
			Less than 50%	50 - 75%	Greater than 75%
Waste transfer structure	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Pumping plant	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

- i. What portion of financial assistance to begin this practice was from federal sources?

Enter 0 if no financial assistance was received. xxx %

Section 5 - Waste Transfer (continued)

d. What factors, other than regulation, were important in deciding to install waste transfer facilities?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed a waste management or storage problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Facilitated better use of nutrients or export to other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Please specify any additional reason why you have installed waste transfer facilities.

Other reason, specify: ^{xxx} _____

Section 6 - Comprehensive Nutrient Management

1. Do you have a written comprehensive nutrient management plan (CNMP), developed with assistance from a government agency, private consultant, or other technical expert, to manage manure and other nutrients?

xxx 1 ☐ Yes - Go to Item 2

3 ☐ No - Complete Item 1a below, then go to Section 7 - Waste Utilization on page 19

- a. Please report your agreement or disagreement with the following statements regarding a written comprehensive nutrient management plan.

I chose not to develop and implement a written comprehensive nutrient management plan because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx It would require changing crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It would require export of waste to other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Please specify any additional reason why you have not implemented a written comprehensive nutrient management.

Other reason, specify: xxx _____

After completing Item 1a above, Go to Section 7 - Waste Utilization on page 19.

2. Have you had to modify your CNMP? xxx 1 ☐ Yes 3 ☐ No
3. Is a CNMP for your operation required by regulation? xxx 1 ☐ Yes 3 ☐ No
4. Is winter spreading of waste (frozen ground) an issue? xxx 1 ☐ Yes 3 ☐ No

Section 6 - Comprehensive Nutrient Management (continued)

5. Have changes in weather affected your CNMP or how you implement it?

xxx

1 ☐ Yes - Continue

3 ☐ No - Go to Item 6

a. Have any of the following changes affected your CNMP or how you implement it?

i. Increased precipitation xxx 1 ☐ Yes 3 ☐ No

ii. Decreased precipitation xxx 1 ☐ Yes 3 ☐ No

iii. Seasonal change in precipitation xxx 1 ☐ Yes 3 ☐ No

6. Did you manage in accordance with your comprehensive nutrient management plan in 2020?

xxx

1 ☐ Yes 3 ☐ No

7. What year did you first manage in accordance with your comprehensive nutrient management plan?

year

xxx

a. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	What percentage of the cost was covered by financial assistance?
Developing or writing a Comprehensive Nutrient Management Plan (CNMP)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx %
Implementing CNMP	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx %

i. What portion of financial assistance to begin this practice was from federal sources? (Enter 0 if no financial assistance was received.)

xxx

%

Section 6 - Comprehensive Nutrient Management (continued)

b. How important were the following factors in deciding to implement nutrient management?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx To be eligible for financial assistance on other facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Better utilize livestock waste nutrients in crop production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Please specify any additional reason why you have implemented nutrient management.

Other reason, specify: ^{xxx} _____

8. What year did you last manage in accordance with your CNMP? year

xxx

a. If you did not manage in accordance with your CNMP in 2020, do you plan to do so again within 3 years?

xxx

1 ☐ Yes - Go to Section 7 - Waste Utilization on page 19

3 ☐ No - Continue

b. How important were the following factors in your decision to stop managing in accordance with your CNMP?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Required changing crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Required export of waste to other farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Costs greater than benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Too much time and effort required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Technical assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance ended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance did not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 - Waste Utilization

1. Do you use pipelines, pumping plants, or irrigation equipment to facilitate land application of manure?

Complete the table below and follow the instructions at the end of the table.

Waste Utilization Practice	Do you use any of the following appurtenances or systems on your operation	Number in use during 2020	Number taken over from another operation	Number installed by you
1	2	3	4	5
Pipeline A pipeline and appurtenances (all other parts necessary for a functioning pipeline) installed to convey liquid waste for land application. INCLUDE a pipeline that carries waste to an irrigation system or tractor driven injector	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Pumping plant A pump used to apply waste to the field. INCLUDE <ul style="list-style-type: none"> • pump(s), power unit(s), and appurtenances (all other parts necessary to the function of the pumping plant) • pumping to an irrigation system or tractor driven injector 	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Sprinkler Irrigation A distribution system that applies liquid waste through nozzles under pressure.	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

If you answered "No" to all facility types in Item 1, Column 2, above, Go to Item 2 on page 20.

If you answered "Yes" for any facility type in Item 1, Column 2, above, Go to Item 3 on page 20.

Section 7 - Waste Utilization (continued)

2. Please report your agreement or disagreement with the following statements regarding waste utilization facilities. Complete the table below, then go to Section 8 - Diversion of Runoff on page 22.

I chose not to install waste utilization facilities because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed waste utilization facilities.

Other reason, specify: ^{xxx} _____

After completing Items 2 and 2a above, Go to Section 8 - Diversion of Runoff on page 22.

3. Are the waste utilization practices on your operation required by regulation?

INCLUDE regulation from Federal, State, or local governments

xxx ₁ ☐ Yes ₃ ☐ No

4. Have changes in weather affected your waste utilization?

xxx ₁ ☐ Yes - Continue ₃ ☐ No - Go to Item 5 on page 21

- a. Have any of the following changes affected your waste utilization?

i. Increased precipitation	xxx ₁ <input type="checkbox"/> Yes ₃ <input type="checkbox"/> No
ii. Decreased precipitation	xxx ₁ <input type="checkbox"/> Yes ₃ <input type="checkbox"/> No
iii. Seasonal change in precipitation	xxx ₁ <input type="checkbox"/> Yes ₃ <input type="checkbox"/> No

Section 7 - Waste Utilization (continued)

5. Did you install any of the waste utilization facilities on your operation (as opposed to taking them over from another operation)?

xxx 1 ☐ Yes - Continue

3 ☐ No - Go to Section 8 - Diversion of Runoff on page 22

- a. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	Number of facilities where financial assistance covered this percentage of costs		
			Less than 50%	50 - 75%	Greater than 75%
Pipeline	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Pumping plant	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Sprinkler Irrigation	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

- i. What portion of financial assistance to begin this practice was from federal sources?
(Enter 0 if no financial assistance was received.)

xxx %

- b. Other than regulation, how important were the following factors in your decision to use waste utilization facilities?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Addressed a waste management problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Facilitated better use of waste nutrients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time or effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Please specify any additional reason why you have installed waste utilization facilities.

Other reason, specify: xxx _____

Section 8 - Diversion of Runoff

1. What type of runoff control and diversion structures are currently in use on your livestock operation?

Complete the table below and follow the instructions at the end of the table.

Runoff Diversion Practice	Do you use any of the following structures on your operation?	Number in use during 2020	Number taken over from another operation	Number installed by you
1	2	3	4	5
Roofs and covers A roof or cover used to divert rainfall from waste handling structures or capture gases to control emissions or odor. INCLUDE roofs or covers over waste storage facilities, lagoons, animal mortality facilities or waste separation facilities	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Roof runoff structure INCLUDE gutters, downspout pipes and drains that collect, control or transport rainfall from roofs and covers	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Diversion INCLUDE channels constructed on a slope to divert water away from agricultural waste systems	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Water and sediment control basins INCLUDE embankments or ridges and channels constructed across the slope of minor watercourses to form a sediment trap and water basin with a stable outlet	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

If you answered "No" to all practices in Item 1, Column 2, above, Go to Item 2 on page 23.
 If you answered "Yes" for any practice in Item 1, Column 2, above, Go to Item 3 on page 23.

Section 8 - Diversion of Runoff (continued)

2. Please report your agreement or disagreement with the following statements regarding runoff control and diversion structures. Complete the table below, then go to Section 9 - Stabilization or Protection of Heavily Used Areas on page 26.

I chose not to install runoff control and diversion structures because:

	1. Agree	2. Neither Agree nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed runoff control and diversion structures:

Other reason, specify: ^{xxx} _____

After completing Item 2 above, Go to Section 9 - Stabilization or Protection of Heavily Used Areas on page 26.

3. Are the runoff control and diversion structures on your operation required by regulation?

This would include more than just diversions, which is only one structure listed.

INCLUDE regulation from Federal, State, or local governments.

xxx ₁ ☐ Yes ₃ ☐ No

4. Have changes in weather affected your use of runoff control and diversion structures?

This would include more than just diversions, which is only one structure listed.

xxx ₁ ☐ Yes - Continue ₃ ☐ No - Go to Item 5 on page 24

- a. Have any of the following changes affected your use of runoff control and diversion structures?

- i. Increased precipitation ^{xxx} ₁ ☐ Yes ₃ ☐ No
- ii. Decreased precipitation ^{xxx} ₁ ☐ Yes ₃ ☐ No
- iii. Seasonal change in precipitation ^{xxx} ₁ ☐ Yes ₃ ☐ No

Section 8 - Diversion of Runoff (continued)

5. Did you install any of the runoff diversion facilities on your operation (as opposed to taking them over from another operation)?

xxx

1 ☐ Yes - Continue3 ☐ No - Go to Section 9 - Stabilization or Protection of Heavily Used Areas on page 26

- a. Did the runoff diversion facilities you installed:

- i. Replace existing runoff management structures?^{xxx} 1 ☐ Yes 3 ☐ No
- ii. Expand existing runoff diversion capacity?^{xxx} 1 ☐ Yes 3 ☐ No
- iii. Divert runoff to waste storage facilities?^{xxx} 1 ☐ Yes 3 ☐ No
- iv. Divert runoff away from your waste storage facilities?^{xxx} 1 ☐ Yes 3 ☐ No

- b. Did you receive technical assistance or financial assistance?

	Did you receive technical assistance?	Did you receive financial assistance?	Number of structures where financial assistance covered this percentage of costs:		
			Less than 50%	50 - 75%	Greater than 75%
Roofs and covers	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Roof runoff structures	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Diversion	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx
Water and sediment basin	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

- i. What portion of financial assistance to begin this practice was from federal sources?
(Enter 0 if no financial assistance was received.)

xxx

%

Section 8 - Diversion of Runoff (continued)

- c. Other than regulation, how important were the following factors in your decision to install runoff control and diversion structures?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Anticipated benefits greater than costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. Please specify any additional reason why you have installed runoff control and diversion structures.

Other reason, specify: ^{xxx} _____

Section 9 - Stabilization or Protection of Heavily Used Areas

1. Do you have vegetative cover, surfacing, or structures to stabilize or protect areas that are frequently and intensively used by people, animals or vehicles?

xxx

1 ☐ Yes - Complete Items 1a and 1b below, then go to Item 3 on page 27

3 ☐ No - Go to Item 2

a. Number taken over from another operation

xxx

b. Number installed by you

xxx

After completing Items 1a and 1b above, Go to Item 3 on page 27.

2. Please report your agreement or disagreement with the following statements about vegetative cover, surfacing or structures. Complete the table below, then go to Section 10 - Demographics on page 28.

I chose not to install vegetative cover, surfacing or structures because:

	1. Agree	2. Neither Agree Nor Disagree	3. Disagree
xxx Not needed on my operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost to install/operate too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx It takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Difficulty getting technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx I did not receive financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Financial assistance would not cover enough of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Cost of meeting government standards (for financial assistance) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Please specify any additional reason why you have not installed vegetative cover, surfacing or structures to protect heavy use areas.

xxx

Other reason, specify: _____

After completing Item 2 above, Go to Section 10 - Demographics on page 28.

Section 9 - Stabilization or Protection of Heavily Used Areas (continued)

3. Are the heavy use protection areas on your operation required by regulation?

Include regulation from Federal, State, or local governments

xxx

1 ☐ Yes3 ☐ No

4. For areas of heavy use that were stabilized on your operation, did your operation do the stabilization for at least some of these areas?

xxx

1 ☐ Yes - Continue3 ☐ No - Go to Section 10 - Demographics on page 28

- a. Did you receive technical assistance or financial assistance?

		Number of installed protections where financial assistance covered this percentage of costs?		
		Less than 50%	50 - 75%	Greater than 75%
Technical assistance	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No			
Financial assistance	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx	xxx	xxx

- i. What portion of financial assistance to begin this practice was from federal sources?

(Enter 0 if no financial assistance was received.)

xxx

%

- b. Other than regulation, how important were the following factors in your decision to stabilize heavy use areas?

	1. Very Important	2. Important	3. Neither Important nor Unimportant	4. Unimportant	5. Very Unimportant
xxx Reduced animal health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Reduced repetitive maintenance activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Made it easier to collect waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Upgrade required to be eligible for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated benefits greater than costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Anticipated saving time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Availability of financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xxx Improved water quality/environmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Please specify any additional reason why you decided to stabilize heavy use areas.

Other reason, specify: xxx

Section 10 - Demographics

1. Please answer the following for the operator:

a. Sex.

xxx

1 ☐ Male

2 ☐ Female

b. Age on January 1, 2021.

xxx

c. Is the operator of Hispanic, Latino, or Spanish origin?

xxx

1 ☐ Yes

3 ☐ No

d. Race. Select all that apply.

xxx

1 ☐ White

xxx

2 ☐ Black or African American

xxx

3 ☐ American Indian or Alaska Native

xxx

4 ☐ Asian

xxx

5 ☐ Native Hawaiian or Other Pacific Islander

e. Has the operator ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

xxx

1 ☐ Never served in the military

2 ☐ Only on active duty for training in the Reserves or National Guard

3 ☐ Now on active duty

4 ☐ On active duty in the past, but not now

2. How many years have you been continuously farming or ranching? years

xxx

3. At which occupation did the operator spend the majority (50 percent or more) of his/her time in 2020?

xxx

1 ☐ Farm or ranch work

2 ☐ Work other than farming or ranching

4. Is the operator retired from farming or ranching?

xxx

1 ☐ Yes

3 ☐ No

Section 10 - Demographics (continued)

5. What is the highest level of formal education the operator has achieved?

xxx

- 1 ☐ Less than high school diploma
- 2 ☐ High school
- 3 ☐ Some college (include associates degree)
- 4 ☐ Four-year college graduate and beyond

6. In 2020, what was this operation's legal status for tax purposes? Select one answer only.

xxx

1	<input type="checkbox"/> Family or individual operation - EXCLUDE partnerships and corporations		
2	<input type="checkbox"/> Partnership operation - INCLUDE family partnerships - If option 2 is selected:		
	Is this partnership registered under state law?	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>
3	<input type="checkbox"/> Incorporated under state law - If option 3 is selected:		
	Is this a family held corporation?	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>
	Are there more than 10 stockholders?	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>
4	<input type="checkbox"/> Other - If option 4 is selected:		
	Estate or trust	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>
	Grazing association, government facility or American Indian reservation	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>
	Other, specify type: xxx	xxxx	<div style="display: flex; justify-content: space-between;"> 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No </div>

Section 11 - Value of Sales

1. Please classify this operation in terms of the gross value of sales and government agricultural payments in 2020.

INCLUDE: sales of all the crops, livestock, poultry, and livestock products (milk, eggs, etc.) sold in 2020.

- the value of hay, silage, and other crops harvested in 2020, but not sold.
- the value of all crops, livestock and poultry produced under contract in 2020.
- landlord's share of government payments and crops sold in 2020.

EXCLUDE dollars received on land rented to others.

xxx

1 ☐ \$0 - \$999

2 ☐ \$1,000 - \$9,999

3 ☐ \$10,000 - \$49,999

4 ☐ \$50,000 - \$99,999

5 ☐ \$100,000 - \$249,999

6 ☐ \$250,000 - \$499,999

7 ☐ \$500,000 - \$999,999

8 ☐ \$1,000,000 - \$4,999,999

9 ☐ \$5,000,000 and over

Section 11 - Value of Sales (continued)

2. Of the farm or ranch income reported, which of these categories represents the largest portion of the gross income from the operation?

Code

- | | |
|---|-----------------------------|
| 1 – Grains, Oilseeds, Dry Beans, and Dry Peas
(corn, flaxseed, grain silage and forage, grains and oilseeds, popcorn, rice,
small grains, sorghum, soybeans, sunflowers, straw, etc.) | 1 <input type="checkbox"/> |
| 2 – Tobacco | 2 <input type="checkbox"/> |
| 3 – Cotton and Cottonseed | 3 <input type="checkbox"/> |
| 4 – Vegetables, Melons, Potatoes and Sweet Potatoes
(beets, cabbage, cantaloupes, pumpkins, sweet corn,
tomatoes, watermelons, vegetable seeds, etc.) | 4 <input type="checkbox"/> |
| 5 – Fruit, Tree Nuts and Berries
(almonds, apples, blueberries, cherries, grapes, hazelnuts, kiwifruit,
oranges, pears, pecans, strawberries, walnuts, etc.) | 5 <input type="checkbox"/> |
| 6 – Nursery, Greenhouse, Floriculture and Sod
(bedding plants, bulbs, cut flowers, flower seeds, foliage plants,
mushrooms, nursery potted plants, shrubbery, sod, etc.) | 6 <input type="checkbox"/> |
| 7 – Cut Christmas Trees and Short Rotation Woody Crops | 7 <input type="checkbox"/> |
| 8 – Other Crops and Hay, CRP and Pasture
(grass seed, hay and grass silage, hops, maple syrup, mint,
peanuts, sugarcane, sugarbeets, CRP, etc.) | 8 <input type="checkbox"/> |
| 9 – Hogs and Pigs | 9 <input type="checkbox"/> |
| 10 – Milk and Other Dairy Products from Cows | 10 <input type="checkbox"/> |
| 11 – Cattle and Calves
(beef and dairy cattle for breeding stock, fed cattle, beef and dairy cull animals,
stockers and feeders, veal calves, etc.) | 11 <input type="checkbox"/> |
| 12 – Sheep, Goats, and their Products
(wool, mohair, milk and cheese) | 12 <input type="checkbox"/> |
| 13 – Horses, Ponies, and Mules
(burros and donkeys) | 13 <input type="checkbox"/> |
| 14 – Poultry and Eggs
(broilers, chickens, turkeys, ducks, eggs, emus, geese, hatchlings,
ostriches, pigeons, pheasants, quail, poultry products, etc.) | 14 <input type="checkbox"/> |
| 15 – Aquaculture
(catfish, trout, ornamental and other fish, mollusks, crustaceans, etc.) | 15 <input type="checkbox"/> |
| 16 – Other Animals and Other Animal Products
(honey bees, honey, rabbits, fur-bearing animals, semen, manure,
other animal specialties, etc.) | 16 <input type="checkbox"/> |

Farm Type
Code

862

Section 12 - Conclusion

1. Has this operation (name on label) been sold, or turned over to someone else?

xxx

1 ☐ Yes - Identify the new operator(s)

3 ☐ No - Go to Item 2

Operation Name: _____

Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ ☐ Check if cell phone.

a. Did this person operate land individually on June 1, 2020?

1 ☐ Yes

3 ☐ No

2. Comments related to the information you reported:

Contact Information:

Operation Email:

Operation Phone:

9937	9936	check if cell phone <input type="checkbox"/>
() - _____		

Respondent Name:

Respondent Phone (if different from above)

9912	9911	check if cell phone <input type="checkbox"/>	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 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 ____ - ____ - ____ - ____			
									Optional Use			
									9907	9908	9906	9916
S/E Name												