

# BEE AND HONEY INQUIRY – December 2015

OMB No. 0535-0153  
 Approval Expires: 12/31/2018  
 Project Code: 114 QID: 110096-HQ  
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Please make corrections to name, address, and ZIP Code, if necessary.

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State	POID	Tract	Subtr.
____	_____	_____	_____

1. During 2015, did this operation own or control any apiaries?

2701     **Yes** – Go to Item 3, page 2                       **No** – Continue

2. Did this operation have any honey sales in 2015 from any production year?

2703     **Yes** – Go to Item 6 , page 2                       **No** – Go to Item 12 , page 4

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2701
2703
9921

**Please respond for all apiaries owned during 2015:**

None

Colonies

3. What was the largest number of colonies for all purposes that this operation had in 2015? (Include colonies for honey production, pollination, hobby, etc.) . . . . .

1851

4. From how many of these colonies did you harvest or "pull off" honey? . . . . .

1852

Pounds

5. How many total pounds of honey were harvested from these colonies? . . . . .

1853

6. Did you **sell** any honey during **2015**?

1854     **Yes** – Go to Item 6a         **No** – Go to Item 7

a. What was your total income from honey sales? . . . . .

1855  
\$

7. During 2015, did this operation receive any income from contracting colonies as pollinators?

1856     **Yes** – Go to Item 7a         **No** – Go to Item 8

a. What was your total dollar amount received from contracting colonies for pollination? . . . . .

1857  
\$

8. During 2015, did this operation receive any other income from honey bees? (Including sales of queen/queen cells, beeswax, propolis, etc.)

1858     **Yes** – Go to Item 8a         **No** – Go to Item 9

a. What was your total other income from honey bees? . . . . .

1859  
\$

9. In 2015, what were total expenditures for the following items on this operation:

None

a. Varroa control/treatment? . . . . .

1860  
\$

b. Prevent/treat other colony health issues? (Including Nosema, tracheal mites, foulbrood, paralysis, Kashmir, cloudy wing, etc.) . . . . .

1861  
\$

c. Feed? (Including syrup, sugar water, honey, pollen patties, and other feeds.) . . .

1862  
\$

d. Purchased queens? (Exclude self-created queens.) . . . . .

1863  
\$

e. Purchased packages? . . . . .

1864  
\$

f. Purchased nucs? . . . . .

1865  
\$

g. New foundation for combs? (Exclude comb purchased with nucs.) . . . . .

1866  
\$

h. New hives? (Langstroth, Top bar, other) . . . . .

1867  
\$

10. During 2015, did this operation pay any fees to winter colonies in a warehouse or on land?

1868     **Yes** – Go to Item 10a         **No** – Go to Item 11

a. What were your total fees/rent to winter your colonies? . . . . .

1869  
\$

**Employees**

11. During 2015, including yourself, what was the peak number of people working on your apiaries?  
(Exclude employees that did not work with colonies, i.e. office staff, etc.) . . . . .

1870
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**NOTES/COMMENTS**

**Complete Items 12, 13, and 14 only if the operation named on the label did NOT report for Items 3, 4, or 6; otherwise, go to Item 13.**

12. Will this operation own or control any apiaries in 2016?

2702     **Yes**                                     **No**

13. Has the operation named on the label been sold, rented, or turned over to someone else?

**Yes** – Continue                                     **No**                                     $\longrightarrow$

14. What is the name and address of the new operation that has taken over the land or colonies?

Operation Name: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Will the land be used for any agricultural purpose by you (the operator), or anyone else in the next year, or will you control or own bee colonies in the future? (Include growing crops, grains, row crops, oilseeds, fruits, vegetables, or specialty crops, raising any livestock or poultry).

**Yes**                     **Don't Know**                     **No**

(Regardless of answer to above, write a note to explain the situation.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. **SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to [http://www.nass.usda.gov/Surveys/Guide\\_to\\_NASS\\_Surveys/](http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/)

Would you rather have a brief summary mailed to you at a later date?    9990     **Yes**                     **No**

**Comments:**

Respondent Name: \_\_\_\_\_

9911	9910	MM	DD	YY
Phone: (____) _____ - _____	Date:	__	__	__

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9985	9989			
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					<b>Optional Use</b>			
6-Inac – Est				6-e-mail					9907	9908	9906	9916
7-Off Hold – Est				7-Fax								
				8-CAPI								
				19-Other								
S/E Name												