



South Carolina
DEPARTMENT OF AGRICULTURE
 CONSUMER PROTECTION DIVISION | HEMP FARMING PROGRAM

Hugh E. Weathers, Commissioner

HEMP FARMING PROGRAM PLANTING REPORT FORM

- This form is due for each and every growing location approved on your application and any subsequent Site Modification Requests, and must include each field Location ID.
- Use separate forms for different addresses.
- This form is **due within 15 days following the first day of each planting.**
- If you will NOT plant at a permitted Location ID, **report of a “No Planting” is due by July 31, 2020**, by completing the Location ID field(s) in Question 2, and checking the “No Planting” box in the far right column.
- **If you applied for your permit online, all reports must be completed online as well.**

Permit Holder _____ Permit # _____

Farm Address _____ Permittee’s USDA FSA Site ID # _____

City, State, Zip _____

Phone _____ Email _____

1. Indicate Permitted Growing Address for this Report

Planting Address (Must match permit address) _____ County _____

2. Complete the following table for Field Location IDs. Additional table rows found on page 2. Note: the Location ID MUST match the ID listed in your application of Site Modification Request. If a field contains multiple varieties/strains, enter those on separate rows.

Field Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Planted Seeds or Transplants	Source of Seeds or Transplants* (License #s)	Area Planted (Acres)	Primary Intended Purpose of Crop (Grain, Fiber, Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
Ex: Field 11A	Hemp18	Seeds	Great Farms	25 A	Grain	5/15/20	8/30/20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

*For Seed/Transplant Source, indicate where YOU received the material from, which may be a SCDA seed license holder and/or a SC Hemp Handler (Seed) Supplier.

Field Planting Table continued from page 1.

Field Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Planted Seeds or Transplants	Source of Seeds or Transplants* (License #s)	Area Planted (Acres)	Primary Intended Purpose of Crop (Grain, Fiber, Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
<i>Ex: Field 11A</i>	<i>Hemp18</i>	<i>Seeds</i>	<i>Great Farms</i>	<i>25 A</i>	<i>Grain</i>	<i>5/15/20</i>	<i>8/30/20</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

3. Do you intend to plant additional hemp at this address this year? Yes No

If yes, explain: _____

4. If you only planted a portion of the permitted field(s), attach an updated version of the map for this address. Include the following new information on the map.

- Circle only the area planted in each field.
- If not planting in a permitted field location, mark an "X" through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question 2 and mark the "No Planting" column.

By writing my name below, I attest that I am the permit holder and that this information is accurate and complete.

Name _____ Permit # _____ Date _____

REPORT DEADLINE

Permitted Hemp Farmers shall submit in writing a completed planting report to SCDA for each greenhouse or indoor growing structure by March 31, June 30, September 30, and December 31 of each year after the initial planting.

SUBMIT FORM TO

South Carolina Department of Agriculture
 Hemp Farming Program
 123 Ballard Court • West Columbia, SC 29172
hempforms@scda.sc.gov

FOR SCDA INTERNAL USE ONLY	Date Approved _____
-----------------------------------	---------------------