



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

Hugh E. Weathers, Commissioner

HEMP FARMING PROGRAM HARVEST REPORT FORM

This report must be completed for every field or indoor area planted after that field has been harvested. Please submit this form to reflect harvest has occurred 15 days after SCDA official sample collection.

Please submit this form to hempsforms@scda.sc.gov. **Any application submitted to any other email will not be accepted.**

Permit Holder _____ Permit # _____

Farm Address _____ County _____

City, State, Zip _____

Phone _____ Email _____

The Location ID below **MUST** correspond to the permitted Location ID on your application or site modification request.

Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Acres / Square Feet Harvested	Date of Harvest	Will this be a complete harvest of all hemp in this plot?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate if you have any other hemp growing on this address. Yes No

By signing my name below, I attest that I am the permit holder and am authorized to submit this form, and that this information is accurate and complete.

Signature _____ Date _____

Inspector Signature _____ Date _____