



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

Hugh E. Weathers, Commissioner

HEMP DESTRUCTION REQUEST FORM

This report is due for every field or indoor area planted prior to destruction. No destruction is authorized until you receive approval of your destruction plan in writing from SCDA and an SCDA representative is present. After submission of this form, SCDA will approve or deny your destruction plan and then once approved, will contact you to set up a time and date for destruction.

Permit Holder Name _____

Farm Address _____

Home Address _____

County of Farm _____ Permit # _____

Phone _____ Email _____

Check which address you would like to be used for a return address for shipping and for invoices: Farm Address Home Address

If the hemp crop has failed and you intend to destroy it, complete the information in the table below. You must receive approval from SCDA PRIOR to destruction, as SCDA must approve your destruction plan in writing.

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

Field ID (MUST match Permitted Field ID)	Hemp Variety / Strain	Acres / Square Feet Proposed for Destruction	Reason for Proposed Destruction	Will this be a complete destruction 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

There are two approved destruction methods. Please indicate which destruction method you will be using.

Burn indicated field location ID listed Add any organic material into crop for compost

NOTE: If you are growing any other hemp NOT reported on this form, you will need to complete another Harvest Report or Destruction Request Form, as applicable.

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 _____

Inspector Arrival Time/Date _____ Inspector Departure Time/Date _____

SUBMIT FORM

EMAIL OR CLICK THE BUTTON BELOW

hempforms@scda.sc.gov

Any form submitted to any other email will not be accepted.



FOR SCDA INTERNAL USE ONLY

Destruction Plan is Approved Denied

If approved, scheduled date and time for destruction _____

If denied, reason for denial _____