



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

Hugh E. Weathers, Commissioner

HEMP FIELD 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 of your field planting date, for each field.**
- If you will NOT plant at a permitted Location ID, **report of a “No Planting” is due by July 31, 2021**, by completing the Location ID field(s) in Question2, and checking the “No Planting” box in the far right column.

1. Indicate Permitted Growing Address for this Report

Permit Holder Name _____

Farm Address _____

Home Address _____

County of Farm _____ Permit # _____ FSA # _____

Phone _____ Email _____

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 or 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	Acres Planted	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	25 A	Grain	5/15/21	8/30/21	<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"/>

Field Planting Table continued from page 1.

Field Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Acres Planted	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
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						<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: _____

FSA deadline for reporting planted acreage for the season is August 15. If you plant past this date, you will have 15 days to report acreage to their office. A late fee will incur if you report beyond either of these deadlines.

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

Signature _____ Permit # _____ 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 Date Received _____