



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

Hugh E. Weathers, Commissioner

HEMP INDOOR/GREENHOUSE PLANTING REPORT FORM

- Farmer is growing strictly indoors in a controlled environment.
- Seeds, transplants, growth and harvest all remain indoors
- Growing continues all year, 365 days a year
- This form is due for each 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.

Please indicate an approximate timeline for your greenhouse/indoor planting operations. Planting/harvesting will be completed:

Weekly Monthly Quarterly

- Inspectors will arrange a sampling schedule with the farmer according to the operation schedule indicated.
- This form is due by the 1st day of each month – if you decide to stop planting on your operations schedule, we will need a notification with a time frame of the break in planting.
- Farmers will not submit Harvest Reports for every harvest, you will submit a summary by December 31, 2021.
- Any production that occurs – seed, flower, etc. inspectors will continue to sample.

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 | Square Feet 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 sq. ft. | 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"/> |
| | | | | | | <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: _____

Report is due by the 1st of every month of the 2021 season.

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 _____