



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 1<sup>st</sup> 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**

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

[hempforms@scda.sc.gov](mailto:hempforms@scda.sc.gov)

Save this form to your computer first before filling out and submitting. Do not submit from an internet browser.



**FOR SCDA INTERNAL USE ONLY**      Date Received \_\_\_\_\_