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

agriculture.sc.gov

HEMP HARVEST REPORT FORM

You have 30 days from the date of sample collection, to harvest your field(s). Please submit this form after harvest is complete. Please submit this form to hempforms@scda.sc.gov within 30 days of harvesting your field. ***Any application submitted to any other email will not be accepted.***

Permit Holder Name _____

Farm Address _____

Home Address _____

County of Farm _____ Permit # _____

Phone _____ Email _____

The Field ID below MUST correspond to the permitted Field ID on your application, planting report, sample request, or site modification request, if applicable.

Field ID (MUST match Permitted Field ID)	Hemp Variety / Strain	Acres Harvested	Date of Harvest (Within 30 days of Sample Collection)	Will this be a complete harvest of all hemp in this plot?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ 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 _____

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

SUBMIT FORM

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

hempforms@scda.sc.gov

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

SUBMIT FORM CLEAR FORM

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