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

agriculture.sc.gov

HEMP 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** by completing the Location ID field(s) in the table and checking the "No Planting" box.

INTERNAL USE ONLY

Date Received _____

Indicate Permitted Growing Address for this Report. Be sure to complete the table on page 2.

Permit Holder Name _____

Farm Address _____

Home Address _____

County of Farm _____ Permit # _____ FSA # _____

Phone _____ Email _____

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 July 31. 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 signing 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

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

SUBMIT FORM CLEAR FORM

South Carolina HEMP FARMING PROGRAM
SOUTH CAROLINA DEPARTMENT OF AGRICULTURE

Complete the following information for Field Location IDs.

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.

Check if Indoor or Outdoor Growing Location		Field Location ID (MUST Match Permitted Location ID)	Hemp Variety / Strain	Acres / 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
Indoor	Outdoor								
☐	☑	*Ex: Field 11A*	*Hemp18*	*25 A*	*Grain*	*5/15/26*	*8/30/26*	☑	☐
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