



South Carolina  
**DEPARTMENT OF AGRICULTURE**

Hugh E. Weathers, Commissioner

## HEMP FARMING PROGRAM 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 following the first day of each planting.**
- If you will NOT plant at a permitted Location ID, **report of a “No Planting” is due by July 31, 2020**, by completing the Location ID field(s) in Question 2, and checking the “No Planting” box in the far right column.
- **If you applied for your permit online, all reports must be completed online as well.**

Permit Holder \_\_\_\_\_ Permit # \_\_\_\_\_

Farm Address \_\_\_\_\_ Permittee’s USDA FSA Site ID # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Indicate Permitted Growing Address for this Report

Planting Address (Must match permit address) \_\_\_\_\_ County \_\_\_\_\_

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 of 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	Planted Seeds or Transplants	Source of Seeds or Transplants* (License #s)	Area Planted (Acres)	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	Seeds	Great Farms	25 A	Grain	5/15/20	8/30/20	<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"/>

\*For Seed/Transplant Source, indicate where YOU received the material from, which may be a SCDA seed license holder and/or a SC Hemp Handler (Seed) Supplier.

Field Planting Table continued from page 1.

Field Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Planted Seeds or Transplants	Source of Seeds or Transplants* (License #s)	Area Planted (Acres)	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
<i>Ex: Field 11A</i>	<i>Hemp18</i>	<i>Seeds</i>	<i>Great Farms</i>	<i>25 A</i>	<i>Grain</i>	<i>5/15/20</i>	<i>8/30/20</i>	<input type="checkbox"/>	<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"/>

3. Do you intend to plant additional hemp at this address this year?  Yes  No

If yes, explain: \_\_\_\_\_

4. If you only planted a portion of the permitted field(s), attach an updated version of the map for this address. Include the following new information on the map.

- Circle only the area planted in each field.
- If not planting in a permitted field location, mark an "X" through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question 2 and mark the "No Planting" column.

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

Name \_\_\_\_\_ Permit # \_\_\_\_\_ Date \_\_\_\_\_

**REPORT DEADLINE**

Permitted Hemp Farmers shall submit in writing a completed planting report to SCDA for each greenhouse or indoor growing structure by March 31, June 30, September 30, and December 31 of each year after the initial planting.

**SUBMIT FORM TO**

South Carolina Department of Agriculture  
 Hemp Farming Program  
 123 Ballard Court • West Columbia, SC 29172  
[hempforms@scda.sc.gov](mailto:hempforms@scda.sc.gov)

<b>FOR SCDA INTERNAL USE ONLY</b>	Date Approved _____
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