



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES
JOE FOSS BUILDING
523 E CAPITOL AVE
PIERRE SD 57501-3182
danr.sd.gov**

**South Dakota Industrial Hemp Program
CROP DISPOSAL REPORT**

**Guidelines and
Instructions**

- This page contains guidelines and instructions and is not part of the Crop Disposal Report. Do not submit this page with your report.
- Please type or print clearly in blue or black ink. Do not print on both sides of the paper. Report must be complete and legible.
- You **MUST** retain copies of all reports and records to be in compliance with the South Dakota Industrial Hemp Program.
- Use this form to report disposal of Industrial hemp crop that has been chemically or mechanically destroyed, or destroyed by a natural disaster/weather event, or when Industrial hemp sample test result is above the acceptable THC level as established by the USDA guidelines and no remediation is planned.
- Crop Disposal Report must be filed with the Department within 72 hours of disposal date for a non-compliant crop and for Industrial hemp crops disposed for other reasons than noncompliance.
- NOTE: Crop Remediation Report is a separate document that must be completed for whole plant or flower removal remediation.
- Mail completed form to the South Dakota Department of Agriculture and Natural Resources, 523 East Capitol Avenue, Pierre, SD 57501.



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South Dakota Industrial Hemp Program

CROP DISPOSAL REPORT

License Holder's Name: _____ **License Number:** _____

Licensed area Lot (List ALL Lot locations associated with your license)	GPS Coordinates (Decimal degrees from center of each location)	Total # of Acres/sq ft Planted for each grow area	Total # of Acres/sq ft Disposed for each grow area	Date of Disposal	Reason for Disposal	Method of Disposal	Will this be a complete disposal of all hemp in this Lot Y/N	OFFICIAL USE ONLY	
								Disposal Verification Date	Disposal Verification Agent (Name/Agency)
<i>Lot - 1</i>	<i>29.832706 90.926661</i>	<i>50A</i>	<i>50A</i>	<i>08/12/21</i>	<i>Failed test</i>	<i>Plowed under</i>	<i>Y</i>	<i>08/13/21</i>	<i>DANR</i>

Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

By signing, I attest that I am the License Holder and that this information is accurate and complete.

Signature

Printed Name

Date