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.
### 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 |
|---|---|---|---|---|---|---|---|---|---|
| Lot - 1 | 29.832706 90.926661 | 50A | 50A | 08/12/21 | Failed test | Plowed under | Y | 08/13/21 | DANR |

**Disposal Verification Date**

**Disposal Verification Agent** (Name/Agency)

**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.

<table>
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<tr>
<th>Signature</th>
<th>Printed Name</th>
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