South Dakota Industrial Hemp Program
Post-Remediation Sample Request

Guidelines and Instructions

- This page contains guidelines and instructions and is not part of the Post-Remediation Sample Request. Do not submit this page with your form.
- 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 forms and records to be in compliance with the South Dakota Industrial Hemp Program.
- Post-Remediation Sample Request must be submitted within 72 hours of remediation for all post-remediation sample requests.
- Following the submission of this form, the Department/DPS will schedule an appointment to collect sample(s) from your growing location(s). License holder or key participant must be present at the sampling site(s) during sample collection(s) and provide the Department/DPS official with complete and unrestricted access to all remediated Industrial hemp and hemp plants parts at the growing site(s).
- Licensed area Lot must match the licensed area Lot on the grower application.
- All remediation sample request fees are due at the time of sample collection. The Department/DPS official will not collect any sample without payment.
- For post-remediation samples, remediated Industrial hemp crop must remain segregated by Lot until official sample test results are available and DANR has communicated with the license holder.
- If a licensed grower fails to keep remediated crop segregated until sample tests results are available and official communication from DANR has been received, his/her license shall be subject to revocation and grower may be subject to violations and fines.
- Mail completed form to the South Dakota Department of Agriculture and Natural Resources, 523 East Capitol Avenue, Pierre, SD 57501.
South Dakota Industrial Hemp Program
Post-Remediation Sample Request

License Holder’s Name: ___________________________ License Number: ___________________________

<table>
<thead>
<tr>
<th>Licensed area Lot (List ALL Lot locations associated with your license)</th>
<th>GPS Coordinates (Decimal degrees from center of each location)</th>
<th>Date Planted</th>
<th>Date Harvested</th>
<th>Date Sample Collected / Sample ID (OFFICIAL USE ONLY)</th>
<th>FOR OFFICIAL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot 1</td>
<td>29.832706 -90.926661</td>
<td>06/12/21</td>
<td>09/30/21</td>
<td>09/15/21 46_0001</td>
<td>09/16/21 Test 1 09/16/21 Test 1 Pass (0.1)</td>
</tr>
</tbody>
</table>

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

Signature ___________________________ Name ___________________________ Date ___________________________

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