



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 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).
- FSA Farm #, Tract #, and Field # included.
- 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.



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Payment Information FOR OFFICIAL USE ONLY	
Sample Fees	Sample Fees
Check #:	Check #:
Date:	Date:
Amount:	Amount:
OFFICIAL:	

### South Dakota Industrial Hemp Program Post-Remediation Sample Request

License Holder's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Part 1: Planting Report**

**Part 2: Harvest Report**

Licensed area Lot (List ALL Lot locations associated with your license)	FSA Farm# Tract # Field #	Assigned FSA Lot Number	Approved acres/sq ft on file	GPS Coordinates (Decimal Degrees from center of each location)	Date Planted	Intended Purpose of Crop (Grain, Seed, Fiber, Floral)	Seed variety planted	Total # of acres/sq ft planted for each FSA lot number	Check if NO PLANTING will occur, enter field area size (Acres)	Acres Disposed	Acres Remediated	Planting Verification  (OFFICIAL USE ONLY)	Harvest Date	Total # of Acres/sq ft Harvested from each FSA lot number (Should match planted <u>area</u> *)
<i>Lot 1</i>	<i>1111- 111-11A</i>	<i>123</i>	<i>50A</i>	<i>29.832706 -90.926664</i>	<i>06/12/21</i>	<i>Grain</i>		<i>40A</i>	<input checked="" type="checkbox"/> <i>10A</i>			<i>DANR</i>	<i>09/30/21</i>	<i>40A</i>
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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: \_\_\_\_\_