



POST-PLANTING SITE REPORT

Return completed report to:

Nebraska Department of Agriculture
P.O. Box 94756, Lincoln NE 68509-4756
Phone: (402) 471-2351 Fax: (402) 471-6893
Email (preferred): agr.hemp@nebraska.gov



NOTE: This report should only be submitted once the plants are in the final location where they will be harvested. A separate report must be completed for each Location ID.

NAME OF LICENSEE/DESIGNEE: _____

LICENSE NUMBER: _____

BUSINESS NAME: _____

ADDRESS OF SITE (or nearest intersection if no address assigned):

PLANTING DATE: ____/____/____

SITE NUMBER: _____

LOCATION ID: _____

TOTAL ACRES OR SQUARE FEET: _____

List all lot numbers received from Farm Service Agency (FSA) for the Location ID above. The lot number is defined by the FSA-assigned farm, tract, and field/sub-field numbers. They should be combined in the following format to generate each lot number: farm number-tract number-field number-subfield letter. If a lot tests out of compliance and is not clearly defined and visibly identifiable on site, all lots within the site registration may be subject to destruction.

LOT NUMBERS:

- | | | | | | | | | |
|----|--------|----|---------|----|---------|----|-----------------|----------------|
| 1. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 2. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 3. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 4. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |
| 5. | _____ | -- | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # | | SUBFIELD LETTER | |

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:

Printed name

Signature

Date of Signature