

## Iowa Tribe of Kansas and Nebraska Department of Agriculture Industrial Hemp Program

## Planting Report License Number:

Within fourteen (14) days after planting any hemp, each hemp producer shall submit to the Industrial Hemp Department

## **Producer Information:**

First Name		Last Name			Middle Initial		
Address of Residence							
City		State Zip Count		County	,		
Phone Number		Alternate Phone Number					
Email Address							
Grow Site Information: (Hemp	planting location	(s) at Grow	Site, lis	t each separatel	y)		
Grow Site Name							
Street Address	Area Type Greenhouse / Indoor  Field						
City		State	Ziţ	р	County		
<del>_</del>	Grain 🗌 Fibe	er 🔲 Bio	mass 🗌	Other			
Size (Specify acres or sq. ft.)							
Variety of Industrial Hemp	Seed Source						
Planting Date Planting Pattern (Plant spacing / Row spacing)							
Irrigation practices							
Tract and Field Number(s)							
List Global Positioning System (GPS	) coordinates in dec	cimal form. (	Example:		2'07.1"W	V)	
Longitude							
Please submit with the planting repo	ort an FSA map of ea	ach Grow Sit	e location	n.			
This planting report does not fulfill your information on filing an acreage report					lgency. 7	o find out more	
☐ All planted acres are listed above.	☐ Additio	onal planted a	acreage is	included in support	ing docu	uments.	

r)						
Field $\square$						
County						
Seed Source						
Planting Pattern (Plant spacing / Row spacing)						
2'07.1"W)						
Field						
County						
Planting Pattern (Plant spacing / Row spacing)						
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Please submit with the planting report an FSA map of each Grow Site location.

This planting report does not fulfill your requirement to submit an acreage report to the Farm Service Agency. To find out more

Latitude

List Global Positioning System (GPS) coordinates in decimal form. (Example: 39°59'33.8"N 95°22'07.1"W)

information on filing an acreage report ask your local USDA service center staff for further details.

Longitude