



## 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](mailto: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:** \_\_\_\_\_

**LEGAL DESCRIPTION OF SITE** (Section, Township and Range):

\_\_\_\_\_  
\_\_\_\_\_

**PLANTING DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SITE NUMBER:** \_\_\_\_\_

**LOCATION ID:** \_\_\_\_\_

**TOTAL ACRES OR SQUARE FEET:** \_\_\_\_\_

List all lot numbers received from Farm Service Agency (FSA) and their associated GPS coordinates 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 number/letter (do not include punctuation, only the numbers/letters). 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.	_____	N	_____	W	_____
2.	_____	N	_____	W	_____
3.	_____	N	_____	W	_____
4.	_____	N	_____	W	_____
5.	_____	N	_____	W	_____

**SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature