

# POST-PLANTING SITE REPORT



Return completed report to:  
 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:** \_\_\_\_\_

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

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

**PLANTING DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TOTAL ACRES OR SQ. FEET:** \_\_\_\_\_

**EACH VARIETY MUST HAVE ITS OWN LOT NUMBER.** 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. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

**VARIETY:** \_\_\_\_\_

2. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

**VARIETY:** \_\_\_\_\_

3. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

**VARIETY:** \_\_\_\_\_

4. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

**VARIETY:** \_\_\_\_\_

5. \_\_\_\_\_ **ACRES/SQ. FEET:** \_\_\_\_\_  
FARM #      TRACT #      FIELD # & SUBFIELD LETTER  
(OUTDOOR IN ACRES; INDOOR IN SQ. FT.)

**VARIETY:** \_\_\_\_\_

Please include a copy of the FSA-578 Report of Commodities that corresponds with the lot numbers above.

**SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:**

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

\_\_\_\_\_  
 Signature

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