



UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 USDA DOMESTIC HEMP PRODUCTION PROGRAM
STATE AND TRIBAL DISPOSAL AND REMEDIATION REPORT

Reporting Period: _____ to _____

State or Tribe Name: _____ **Date Submitted:** _____

States and Tribes must submit this information to USDA when conducting on-farm disposal or remediation as a result of a non-compliant test result exceeding the acceptable hemp THC level. States and Tribes must submit this report by the 1st day of each month. If this date falls on a holiday or weekend, the report is due on the next business day. If no disposals or remediations occurred during the reporting cycle, check the box indicating there were no changes during the reporting cycle.

Below is a description of each data point needed:

- **Farm Number, Tract Number, Field Number, Subfield Number:** This information is provided as part of the USDA Farm Service Agency (FSA) registration process.
- **Location Type:** *Greenhouse/Indoor production or Outdoor/Field*
- **Size:** This is the total growing area expressed in Acres for outdoor/field or Square Feet for greenhouse/indoor. If outdoor land area is less than one acre, estimate land area and present this figure as a decimal (1/2 acre = .5, 1/4 acre = .25, etc.)

Disposals:

- **Disposal Type:** Check the appropriate box for the type of disposal completed in each growing location. *Plow under, Mulch, Disk, Burial, Burn, Chop, Other*
- **Date of Disposal:** This is the date the disposal was completed. Include a range, if needed.

Remediations:

- **Note: All remediated material must be resampled and retested.**
- **Remediation Type:** Check the appropriate box for the type of remediation that was completed in each growing location. *1.) Separate and dispose of floral material or 2.) Blended biomass*
Both options require a new THC compliance test to ensure that the remediated material is compliant.
- **Date of Remediation:** This is the date the remediation was completed. Include a range, if needed.
- **Date of Remediation Sample:** This is the date the remediated product was sampled for compliance. An official sampling agent must be used.
- **Certificate of Analysis (COA) Attached:**
 - **For a Disposal:** An official COA from a laboratory compliance test result must be attached showing a non-compliant test result.
 - **For a Remediation:** An official COA from a laboratory compliance test result showing the initial non-compliant test result and an official COA from a laboratory compliance test result showing the follow-up, compliant test result of the remediated material must be attached.

Please complete the chart(s) below if there were any disposals or remediation during the month.

If there were no disposals or remediations during this reporting cycle check this box:

This form shall be submitted to the USDA using a digital format compatible with USDA's information sharing systems, whenever possible. All information submitted must be accurate, legible, and complete. If submission through the information sharing system is not possible, please submit form to:

By Mail:
USDA/AMS/Specialty Crops Program
Hemp Branch
470 L'Enfant Plaza S.W.
Post Office Box 23192
Washington, D.C. 20026

Or via Email at:
Forms.Hemp@usda.gov

Or via Fax at:
(202) 720-8938

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the 7 CFR Part 990 Domestic Hemp Program (Program). The purpose of collecting this information is for USDA to administer the Program and the information provided on this form will be used to monitor Program participants. Failure to provide the information requested on this form may result in ineligibility to participate in the Program.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0581-0318. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Disposals

List all licensees and locations where a disposal took place during this reporting cycle.

Name of Licensee	License or Authorization Identifier	Farm Number	Tract Number	Field Number	Subfield Number <i>(If applicable)</i>	Location Type <i>(Greenhouse/, Indoor, or Field/ Outdoor)</i>	Size <i>(Acres or Sq Ft.)</i>	Disposal Type <i>(Plow under, Mulch, Disk, Burial, Burn, Chop, Other)</i>	Date of Disposal	Attached COA <i>(Yes)</i>
							_____ Acres or _____ Sq Ft			
							_____ Acres or _____ Sq Ft			
							_____ Acres or _____ Sq Ft			
							_____ Acres or _____ Sq Ft			

Use additional line as necessary.

Remediations

List all licensees and locations where a remediation took place during this reporting cycle.

Name of Licensee	License or Authorization Identifier	Farm Number	Tract Number	Field Number	Subfield Number <i>(If applicable)</i>	Location Type <i>(Greenhouse/ Indoor, or Field/Outdoor)</i>	Size <i>(Acres, or Sq Ft)</i>	Remediation Type Separate and dispose of floral material. Or Blend biomass.	Date of Remediation <i>(List range, if necessary)</i>	Date Remediation Sample was Taken	Attached COA <i>(Yes)</i>
							_____ Acres or _____ Sq Ft				
							_____ Acres or _____ Sq Ft				
							_____ Acres or _____ Sq Ft				
							_____ Acres or _____ Sq Ft				

Use additional line as necessary.