INDUSTRIAL HEMP PILOT PROGRAM
AGRICULTURAL/AGRONOMIC REPORT

Participants in the Department of Agriculture’s Industrial Hemp Pilot Program must submit on forms provided by the Department an agricultural/agronomic report for each variety grown in each growing area registered with the Department. By way of example, if a participant is growing two varieties of industrial hemp, each located in two growing areas registered with the Department, the participant must submit four agricultural/agronomic reports. All participants must complete this Agricultural/Agronomic Report in its entirety, to the best of their understanding, information, and belief.

Participants must complete the Report and submit it to the Department within 30 days of harvesting their hemp crop or as directed by the department. Failure to submit the report in a timely manner may result in revocation of Participant’s Industrial Hemp License and/or denial of Participant’s future applications for an Industrial Hemp License. Participants must complete and submit this report to: industrial.hemp@tn.gov or

Industrial Hemp Program
Tennessee Department of Agriculture
Division of Consumer & Industry Services
Post Office Box 40627
Nashville, Tennessee 37204
PART 1 This section will be collected at time of inspection

**General Information**

Participant Name:

Current Industrial Hemp Grower License Number:

Growing Area #:

Hemp Variety:

**Circle or check the best answer:**

Years of Agricultural Experience:__________________________________________

Type of Experience: Farmer Hobbyist None Other_________

What types of security methods did you utilize? (check/circle all that apply)

Security Camera Fence Dogs Foot Patrol/Guards

Signs Alarm Lights Wall

Other______________________________________________________________

Please describe the focus of your industrial hemp research:
RESEARCH FOCUS 1- Pre-Planting

Number of acres paid for:_______ Number of acres planted:_______

Where will you be planting? Indoors Outdoors
Both (start indoor and transplant outdoor)

How will you be planting? Containers Field Raised Beds
Other_________________________

Did you get your soil tested prior to planting?: Yes No
If so, What were the results?___________________________________________

Soil Type: Clay Clay/Loam Loam Sand Sandy/Loam
Silt Silty/Loam Potting Mix Other_________________

Have you used your growing area for agriculture in the previous two years?
Yes No If yes, What kind of agriculture? (ex. Hay, Row Crop)____________

How did you prepare your growing area? Till/Disc No Till
Other_________________________________________________________________

Will you be adding any fertilizer? Yes No
If Yes, What kind (ex. Compost, nitrogen, lime, chicken liter)
_____________________________________________________________________
**RESEARCH FOCUS 2a- Starting Indoors**

*Only fill this part out if you are starting indoors and transplanting seedlings outside*

First Planting Date (Please just one date):

<table>
<thead>
<tr>
<th>Planting Method</th>
<th>Drill</th>
<th>Broadcast</th>
<th>Hand sewn</th>
<th>Other</th>
</tr>
</thead>
</table>

Planting Depth:  .5”-.25”   Less than .25”   Other__________

Size of container/pot/tray

Approximate Planting Rate (seeds/container/pot/tray)____________

If planted in rows, what was the spacing?   __________ inches

First Emergence Date (Please just one date):

Number of days from planting to transplant:

Height of plant at transplant:

Did you irrigate/water your crop?    Yes    No

If Yes, How did you irrigate/water?  Drip   Sprinkler   Spray
Other__________

How often did you irrigate/water?    Daily    Weekly    Monthly

Never
RESEARCH FOCUS 2b- Planting/Growth

First Planting Date (Please just one date): ________________________________

Planting Method: Drill Broadcast Hand sewn
Other_______________________________________________________________

Planting Depth: .5”-.25” Less than .25” Other___________________________

Approximate Planting Rate (lbs/acre)____________________________________

If planted in rows, what was the spacing? __________ inches

First Emergence Date (Please just one date): ______________________________

First Flower Date (Please just one date): _________________________________

Did the participant dry plant or wait for the onset of rainfall? Dry Rain

Plant Height: (Average Height of Plants)

4 weeks:________________________

8 weeks:________________________

12 weeks:_______________________

Did you irrigate/water your crop? Yes No

If Yes, How did you irrigate/water? Drip Sprinkler Hand Water

Other____________

How often did you irrigate/water? Daily Weekly Monthly Never

Did you monitor rainfall totals to growing area? Yes No

If Yes, How much?________________________
Part 2
RESEARCH FOCUS 3- Pests

Note the presence or absence of each pest listed

INSECTS:

Aphids:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness

Mites:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness

Caterpillar:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness

Thrips:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness

White Flies:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness

Slugs/Snails:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness
Grasshoppers/Crickets:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________

Fungus Gnats:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________

Japanese Beetle:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________

Tarnish Plant Bug:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________

Tobacco Horn Worm:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________

Stink Bugs:
Present
Absent
Damage/Infestation Level 1 2 3 4 5
Control Method and Effectiveness____________________
**Flea Beetles:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________

**Cucumber Beetles:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________

**Diseases:**

**Bud Rot or Mold:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________

**Septoria Leaf Spot:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________

**Cercospora Leaf Spot:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________

**Curvularia Leaf Spot:**
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness______________________
### Root Rot:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 

### Southern Blight:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 

### Powdery Mildew:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 

### Weeds:

#### Johnson Grass:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 

#### Pig Weed:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 

#### Morning Glory:
- **Present**
- **Absent**
- **Damage/Infestation Level**: 1 2 3 4 5
- **Control Method and Effectiveness**: 
Mammals:

Doves:
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness___________________

Turkey:
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness___________________

Deer:
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness___________________

Bears:
Present
Absent
Damage/Infestation Level  1  2  3  4  5
Control Method and Effectiveness___________________

Please include any other pests:
RESEARCH FOCUS 4- Harvest

Acres Planted:__________ Acres Grown:___________ Acres Harvested:__________

Start Harvest Date ______________ End Harvest Date____________________

Seed Yields (in LBS)____________________________________________________

Fiber Yields (in LBS)____________________________________________________

Flower Yields (in LBS):__________________________________________________

Or Whole Plant Yields (in LBS):_________________________________________

**If you harvested any part of your crop, fill out the above information**

Began harvesting on what date and how?____________________________________

Height of plants at harvest ______________________________________________

What plant parts did you harvest?________________________________________

Was your crop consumed/processed? Yes No

If Yes, How?____________________________________________________________

Was your crop retained/stored? Yes No

If Yes, How?____________________________________________________________

Was your crop sold/traded? Yes No

If Yes, to whom?_________________________________________________________

Was your crop destroyed? Yes No Date____________________

Do you have leftover seed? Yes No

If Yes, How Much and What Varieties?____________________________________
**RESEARCH FOCUS 5- Marketing and Development**

Please list any/all parties that purchased any of your harvested material (include name, business, address, phone and type of product they acquired).

1. 

2. 

3. 

*IF YOU SOLD ANY HEMP MATERIAL:* 

1. What did you sell? (ex. flower, stalk, whole plant) _____________________________
   
   How much did you sell? _____________________________
   
   What was the price you received? _____________________________

2. What did you sell? (ex. flower, stalk, whole plant) _____________________________
   
   How much did you sell? _____________________________
   
   What was the price you received? _____________________________

3. What did you sell? (ex. flower, stalk, whole plant) _____________________________
   
   How much did you sell? _____________________________
   
   What was the price you received? _____________________________
Did you manufacture any hemp products? Yes No

If Yes, What and how? ______________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Were you intending to produce a product made from hemp that would replace a currently used commodity? Yes No

If Yes, What commodity and how? __________________________________________

____________________________________________________________________

Did you make any effort to market your product? Yes No

If Yes, How? _____________________________________________________________

____________________________________________________________________

Identify and describe any logistical issues in transporting industrial hemp for processing and/or distribution of hemp products made from Participant’s industrial hemp crop.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________


## RESEARCH FOCUS 6- Cost Centers and Financing

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrial Hemp License</td>
<td>$250</td>
</tr>
<tr>
<td>Acreage Fee (the number of acres paid for × $2.00)</td>
<td>$</td>
</tr>
<tr>
<td>Sampling Fee</td>
<td>$</td>
</tr>
<tr>
<td>Inspection Fee</td>
<td>$</td>
</tr>
<tr>
<td>Seed</td>
<td>$</td>
</tr>
<tr>
<td>Fertilizer/Additives</td>
<td>$</td>
</tr>
<tr>
<td>Land</td>
<td>$</td>
</tr>
<tr>
<td>Equipment</td>
<td>$</td>
</tr>
<tr>
<td>Labor</td>
<td>$</td>
</tr>
<tr>
<td>Irrigation/Water</td>
<td>$</td>
</tr>
<tr>
<td>Security</td>
<td>$</td>
</tr>
<tr>
<td>Interest (on any financing used in production)</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

Total $________

**DEPARTMENTAL USE ONLY**

Total cost of production/participation in TDA Pilot Program $________

Cost of production per acre planted $________