



**BANDERA CENTRAL APPRAISAL DISTRICT**  
**BEEKEEPING GUIDELINES**

**Bandera Central Appraisal District**

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\*This handout acts as additional information that could be beneficial and necessary when applying for agricultural valuation under beekeeping. Inside you will find information regarding how to qualify for agricultural use based on beekeeping only.

**\*\*Please note that you must fill out the ag application, a 3-5 year plan, and the supplemental beekeeping questionnaire attached.**

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### **Bandera Central Appraisal District Beekeeping Guidelines**

Sec. 23.51(2) "Agricultural use" includes the use of land to raise or keep bees for pollination or for the production of human food or other tangible products having a commercial value, provided that the land used is not less than 5 or more than 20 acres.

Beekeeping, like regular agricultural operations, must show proof of history of agricultural use for five (5) out of the preceding seven (7) years. The history can be traditional agriculture, wildlife or beekeeping.

This type of operation provides many products: honey, beeswax, propolis, pollination of crops, and bees to sell to other beekeepers. To qualify for agricultural appraisal, state law permits keeping bees for two purposes:

1. Pollination of crops
2. Production of human food or products which have commercial value

### **TYPICAL REQUIREMENTS**

1. The Bandera Central Appraisal District's (BANCAD) degree of intensity is 3 hives with 8 or 10 frames per hive.
2. Hives must be located on the property for the bulk of the year, be maintained, and actively managed.
3. A 3 to 5-year plan of action is required to be submitted with the application. This plan must state:
  - a. What type of production will occur on the property
  - b. Secondary uses of the bees
  - c. Plans for expansion
  - d. A map showing the hives and current vegetation
  - e. A yearly plan, covering the 5 years, for planting or enhancing vegetation specific to bee longevity. Bees must have blooming plants that are beneficial to them
  - f. A contingency plan in case of a catastrophic disaster of hives
4. Property owner/beekeeper is highly advised to register with the Texas Apiary Inspection Service or to become a member of a local beekeeping group and provide proof.
5. Bees need be kept in locations that have food and water provided for them, and be managed in a manner to keep them healthy, surviving and producing for the long term.
6. Annual Updates are required to be filed with the BANCAD by April 30th each year.
7. If the Annual Update is received by the BANCAD on or after May 1<sup>st</sup>, the agricultural special valuation will not be applied for that year.
8. If the Annual Update is received after the roll is certified (typically mid-July) the special valuation will not be applied to the property for that year.

### **MANAGEMENT PRACTICES**

Beekeeping operations should be managed just as any other operation would be. The required number of hives should be cleaned and maintained each year. A prudent manager will provide adequate shade and water for the bees, along with adequate pest control. Receipts and records of any purchases of equipment or bees and records of production and sales of product should be kept and maintained. Quarterly inspection logs will need to be maintained and turned in with the annual update. Should the operation lease bees rather than purchase them, a current lease agreement must accompany any application.

## TYPICAL EQUIPMENT

The equipment for beekeeping operations typically includes, but is not limited to, protective clothing (head net, suit, gloves), smoker, hive tool, hive boxes (deep brood boxes, honey supers, etc.)

## ANNUAL UPDATE

1. An annual update is required to be filed every year by the property owner.
2. The annual update is to be sent in to the BANCAD on or **before, April 30<sup>th</sup>** each year.
3. If the annual update is sent in **on or after May 1<sup>st</sup>** but before the roll is certified, there will be a **10% penalty (additional tax)**, which can be very substantial.
4. If the annual update is received after the roll is certified (typically mid-July) the ag valuation will not be applied to the property for that year.

Items to include in the annual report:

1. Name
2. Phone Number
3. Property ID
4. Land map showing location of bees
5. Main use of the bees
6. Amount of honey produced
7. By-products produced
8. Summary expense report for the beekeeping operation
9. Quarterly inspection logs (See examples on pages 6 and 7)
10. Supplemental feeding log of the hives
11. Additional bees purchased during the year
12. Predator prevention such as Africanized bees or fire ants

Additional suggestions to include in the annual update:

1. Types and amounts of trees, bushes, and flowers planted to enhance habitat
2. Vegetation removed to make room for beneficial vegetation
3. Any other information important to the operation

## Supplemental Beekeeping Questionnaire

Property Owner's Name: \_\_\_\_\_

Property ID #s: \_\_\_\_\_

Acreage Requirement: The State of Texas has set a minimum of 5 acres and a maximum of 20 acres to qualify beekeeping as an agricultural use.

Number of acres for application: \_\_\_\_\_ When did you receive your bees? \_\_\_\_\_

Attach a copy of the apiary receipt from your purchase. \_\_\_\_\_

When did you obtain your equipment for the bees? \_\_\_\_\_

What type of bees are you raising? \_\_\_\_\_

How long have you been raising bees? \_\_\_\_\_

How many hives do you have on the property now? \_\_\_\_\_

Who will be managing the bee colony? \_\_\_\_\_

Is there a hired bee wrangler? If yes, who? \_\_\_\_\_

Describe any beekeeping education obtained: \_\_\_\_\_

### SELECT "✓" THE PRODUCTS YOU EXPECT TO HARVEST:

- Honey – (Extracted, Comb, Chunk, Creamed or Whipped Honey)
- Beeswax
- Propolis
- Royal Jelly
- Pollen
- Bees themselves

Expected pounds of production per hive? \_\_\_\_\_

How do you plan to market your products? \_\_\_\_\_

### DESCRIBE YOUR POLLINATION PLANS FOR THE PROPERTY:

i.e.: What plants are on your property now? What will you be planting for the bees? What plants will you be removing for the bees? (attach an extra sheet if needed)

**PLEASE NOTE:** The bees must be actively managed, and producing to qualify. The operation is subject to an annual review and verification.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Hive Inspection Sheet

Hive ID \_\_\_\_\_ Date \_\_\_\_\_ Who worked hive: \_\_\_\_\_  
 Hive Type:  Langstroth  Top Bar  Warre      Frames per Box:  8  10  other \_\_\_\_\_  
 Hive components: # \_\_\_\_\_ Deep Boxes # \_\_\_\_\_ Western # \_\_\_\_\_ Shallow \_\_\_\_\_

**Hive Temperament**  
 Calm  Nervous  Aggressive

**Saw Queen**  
 No  Yes  
 (Marked?  No  Yes - Color \_\_\_\_\_)

**Laying pattern**  
 Beautiful (Solid & Uniform)  
 Mediocre (Little spotty)  
 Poor (Spotty)

**Eggs seen**  
 No  Yes  
 Comments: \_\_\_\_\_

**Population**  
 Heavy  Moderate  Low

**Excessive drone cells**  
 No  Yes  
 Drone Population Estimate:  
 Low: 30<  Ave.: 30 to 100  High: 100+

**Queen cells**  
 No  Yes  
 Along frame bottom: # \_\_\_\_\_  
 Converted worker cell: # \_\_\_\_\_

**Disease/Pests**  
 No  Yes  
 CB  Nosema  Mites  EFB  AFB   
 Hive Beetle  
 Other: \_\_\_\_\_

**Food Stores:**

	Honey	Pollen
High (Everywhere)	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>
Near Brood	<input type="checkbox"/>	<input type="checkbox"/>

**Hive Condition**  
 Normal  Brace Comb  Excessive Propolis  
 Normal odor  Foul odor  Equip. Damage  
 Other: \_\_\_\_\_

**Actions Taken:**  
 Fed hive  Added super(s) # \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_  
 Split hive (new hive # \_\_\_\_\_)  
 Added Excluder  Requeened  Added Feeder  
 Swapped brood boxes  
 Other: \_\_\_\_\_

**Medications**

**Added**

Apistan  Formic acid  Crisco patties  
 Terramycin patties  
 Other: \_\_\_\_\_

**Removed**

Apistan  Formic acid  Crisco patties  
 Terramycin patties  
 Other: \_\_\_\_\_

**Recommendations:**  
 Add supers  Split  Replace Queen  
 Swarming imminent – needs monitoring  
 Replace Equipment -What: \_\_\_\_\_

**Interesting observations:**

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Date:
YARD:
Hive ID:
Weather Today:
Weather Recently:
Inspector:
Next Inspection Due:

**Hive Temperament (circle one):**  
Calm Nervous Aggressive

**Located Queen:** No Yes  
**Marked?** No Yes Color \_\_\_\_\_  
**Replace Queen – Date** \_\_\_\_\_

**Laying Pattern**

Number of frames filled with brood: \_\_\_\_\_  
 Beautiful – Solid and Uniform  
 Good; Describe \_\_\_\_\_  
 Hygienic – Spotty due to Hygienic Behavior  
 Comments: \_\_\_\_\_  
 Mediocre – Intermittent or Random Poor – Spotty  
 Additional Comments: \_\_\_\_\_

**Eggs Present:** No Yes  
 Additional Comments: \_\_\_\_\_

**Population:** Heavy Good Moderate Low

Number of frames full of bees: \_\_\_\_\_  
 Rotated Frames in Brood Chamber  
 Added Additional Hive Body  
 Split Hive (new hive #): \_\_\_\_\_  
 Swarming Imminent – needs monitoring

notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Excessive Drone Cells:** No Yes

**Drone Population Estimate:**  
 Low (30) Average 30-100 High 100+

**Queen Cells:** No Yes

Along Frame Bottom # \_\_\_\_\_  
 Converted Worker Cell Frame # \_\_\_\_\_

**Food Stores:**

	Honey/Nectar	Pollen
High (everywhere)		
Average		
Low		
Near Brood		
Moved or Manipulated		

**Disease / Pests:**

Yes/No	Disease
	Chalkbrood
	AFB
	EFB
	Varroa Mites
	Tracheal Mites
	Small Hive Beetles
	Deformed Wing
	Hairless Bees
	Stunted, Other, Unknown

notes: \_\_\_\_\_  
 \_\_\_\_\_

**Medications:**

Added Date: \_\_\_\_\_  
 Remove Date: \_\_\_\_\_  
 Type of Treatment: \_\_\_\_\_

This manual has been reviewed and accepted by the Agricultural Advisory Board. This manual has also been reviewed and approved by the Bandera Central Appraisal District.

 11/14/23

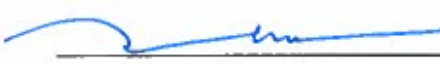
Robert Mazurek

Date

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Rob Sandidge

Date

 11/14/23

Kevin Meier

Date

 11-14-23

Patrick Boyle

Date

 11-14-23

Maria A. Garcia (Chief Appraiser)

Date