



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 5-year plan, and the supplemental beekeeping questionnaire. (Can be found on website & in office) ****

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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 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. Supplemental Beekeeping Questionnaire
5. 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.
6. 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.
7. Annual Updates are required to be filed with the BANCAD by April 30th each 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 into the BANCAD on or **before, April 30th** each year.

****Form can be found on BCAD Website & In Office****

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:

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.

 11/19/24
Robert Mazurek Date

 11/19/24
Kevin Meier Date

 11-19-24
Patrick Boyle Date

 11-19-24
Maria A. Garcia (Chief Appraiser) Date