



Bastrop CAD Beekeeping Annual Report

Bastrop Central Appraisal District
212 Jackson Street, PO Box 578
Bastrop, Texas 78602
(512) 303-1930

The annual beekeeping report is a compilation of the yearly activities of the beekeeping operation. This information can be obtained from your hive inspection logs. If you do not have an inspection log or sheet, we have provided an example you may wish to use in the future. We are not requesting your inspection sheets or logs. We are requesting a summary of the typical activities throughout the year associated with beekeeping.

Year: **2025 Value Year**

Property Owner:	
Property ID #(s):	

Please check the applicable:	Beekeeper	<input type="checkbox"/>	Lease Bees	<input type="checkbox"/>	Beekeeping Lease in Place	<input type="checkbox"/>		
As the landowner, are you leasing the bees to qualify for 1-d-1 open space appraisal?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the name of the bee leasing company:								
Number of acres on this report:				Number of hives on this report:				
If you are leasing bees to qualify for 1-d-1 open space appraisal, the remaining questions may not apply to you.								
If you are a landowner leasing bees to qualify for 1-d-1 open space appraisal, please sign and return the form.								

BEEKEEPING ACTIVITIES - 2024 Prior Year Activities

The remaining questions are for beekeepers actively involved in a beekeeping operation.

While a single hive is typically meant for one colony, with careful management, it is possible to have two colonies living in the same hive by introducing a second queen. This is the only time the number of colonies would be greater than the number of hives.

Number of colonies:		Number of hives:		Number of hives harvested:	
How many times were the frames harvested in the last year:				Pounds of honey produced:	
Any other by-products produced?					
Queen Replacement:	How often:		Last replacement:		
Queen Replacement:	# Purchased:				
Queen Replacement:	Due to:				
Colony Replacement:	How often:		Last replacement:		
Additional Bees purchased during the year:		# Purchased:			
Colony Replacement:	Due to: (examples may include swarms, disease, colony collapse disorder, etc.)				

Predators: circle all that apply:	Africanized bees	Fire Ants	Feral Hog	Raccoon or Rodent Excluders
	Varroa Mites	Wax Moth	Other: (explain)	

Predator prevention: (explain actions taken)	
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Describe any Food Plots on your property now. Specific plants or trees for the bees:	
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Supplemented Feeding, such as Sugar Water, Patties, Protein, & Nutrients, describe the type of supplemental feeding.

Product, how much, and when:	
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CONTINUED ON BACK

Beekeeping Annual Report – Continued					
Water Source: describe the water source for the bees.					
Inspections:	How often:		When/times of year:		
Winter activity	Electric light		Inactive/hibernating		Other:
If you have fewer hives than required, please explain why:					
What products were purchased for the operation in the last year:					
Do you have bees on another property:					
Other information relevant to the operation:					

PLEASE NOTE: To qualify, the bees must be alive, active, and producing unless they are hibernating. They are subject to annual verification.

SIGNATURE: _____ **DATE:** _____

Printed Name: _____

Phone Number: _____

Hive Inspection Sheet

Property Owner Name and Phone Number: _____

Property ID: _____

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: