

TEXAS PARKS AND WILDLIFE

Water Spinach Facility Inspection Report (To be completed by TPWD Inspector)

Grower's Name: _____ Date: _____

Company: _____

Mailing Address: _____ Phone: _____
(Work)

(City, County, State, Zip) Phone: _____
(Home)

Email: _____

Growing Facility Location: _____

Number of Greenhouses for applicant: _____

Is facility in a complex? (i.e., many growers/operations on the property) **YES NO**

TPWD Water Spinach Permit Number (if not new) _____

- | | | | | |
|----|--|------------|----------------|-----------|
| 1. | Does the grower possess a current Water Spinach Permit? | YES | PENDING | |
| 2. | Do all greenhouses on the property have a 10 foot barrier where no vegetation is growing, or where vegetation has obviously been treated by herbicide? | YES | NO | |
| 3. | Are the greenhouses fully enclosed? | YES | NO | |
| 4. | If present, is water spinach growing in soil? | YES | NO | NA |
| 5. | If present, does water spinach possess flowers? | YES | NO | NA |
| 6. | If present, is water spinach fully contained in the greenhouse (i.e. not growing on the property outside the greenhouse)? | YES | NO | NA |
| 7. | If livestock/poultry are on property, are precautions taken to prevent Livestock/poultry from consuming water spinach? | YES | NO | NA |
| 8. | If water spinach is boxed on the property are all containers that Contain water spinach sealed and no greater than three cubic In volume and clearly marked with the words "Water Spinach" In English? | YES | NO | NA |

9. If asked, can a grower provide transport invoices for the past TWO years of water spinach shipments? **YES NO NA**

INSPECTOR COMMENTS

Inspection Date: _____ Time: _____

Approval Recommended Approval Not Recommended

Explain deficiencies, if any: _____

Other Comments: _____

Second Inspection Required? **YES NO**

Certifying TPWD Staff

TCEQ Representative

Title

Title

Signature

Signature

AQUACULTURIST (Permit Applicant/Holder)

I agree to correct the deficiencies noted above (if any) within _____ days and maintain the facilities at or above Department standards.

Permittee Signature

Date