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

Grower's Name:____________________________________________________ Date:___________________________

Company:_________________________________________________________________________________________

Mailing Address:________________________________________________________Phone:___________________________

_______________________________________________________________________________________________

(City, County, State, Zip)                                                                  (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 ___________________________