

TEXAS PARKS AND WILDLIFE

Exotic Species Aquaculture Facility Inspection Report (To be completed by TPWD Inspector)

Aquaculturist's Name: _____

Company: _____

Address: _____ Phone: _____

(Work)

_____ Phone: _____

(City, County, State, Zip)

(Home)

Email: _____

Aquaculture Facility Location: _____

Aquaculture Facility Type: **AQUAPONICS** **COMMERCIAL** **OTHER**

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

TDA Aquaculture License Number _____ TPWD Exotic Species Permit Number _____

1. Does the culturist possess a current Exotic Species Permit? **YES** **PENDING**

2. Are exotic species present at time of inspection? **YES** **NO**

If exotic species are present, please ask to see the Exotic Species Transport Invoice and note supplier AND species listed on the invoice in the space below:

3. If exotic shellfish are held at this facility, have they been certified as being disease free by an approved disease specialist? **YES** **NO** **NA**

4. Is facility designed such that a discharge of waste into or adjacent to state waters will, or is likely to occur? **YES** **NO**

5. Are transport vehicles, trailers, or semi-trailers properly marked (i.e., "Fish," "Tilapia," etc.) or are removable signs available? **YES** **NO** **NA**

6. Are holding and culture containers or ponds escape proof? **YES** **NO**

7. Are at least 3 screens capable of capturing the smallest specimen of each requested exotic species in place between the rearing facility and public waters? **YES NO NA**
(If closed/recirculating with no drains, circle 'NA'.)
If fewer than 3 screens, how many are in place? _____

Describe screens or other approved barriers: _____

8. Does the facility have reasonable security measures to prevent theft or accidental release of exotic species? Please circle security measures: **YES NO**

FENCE GREENHOUSE/SHED OTHER: _____

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.

Permitee Signature

Date