

Apiary Plan

Helping Beehooligans Bee Better

Apiary ID/Name: _____

Apiary Location: _____

Apiary Primary purpose: _____

Hives starting next season: _____ Hives Overwintered: _____ Hives Transferred in: _____

New Packages in: _____ New Nucs in: _____ New hives in: _____

Lang hives: _____ # Warre hives: _____ # TBH's: _____ # Obs Hives: _____ # Others: _____

Describe others: _____

Available forage within 100 yards?: Y___ N___ Will new forage be added to apiary?: Y___ N___

What forage currently?: _____

What forage to be added?: _____

Land mgmt schedule: Weekly:___ Bi-monthly:___ Monthly:___ Day/Date: _____

Land mgmt method(s): _____

Water source: Natural on-site___ Natural off-site:___ Added on-site:(Type)_____

Grounds IPM Plan

Grass/Turf disease controls

Prevention methods: _____

Early Interventions: _____

Critical interventions: _____

Crops disease controls

Prevention methods: _____

Early Interventions: _____

Critical interventions: _____

Trees disease controls

Prevention methods: _____

Early Interventions: _____

Critical interventions: _____

Grounds IPM Plan, cont'd

Grounds pest controls

Skunks: _____

Raccoons/possums: _____

Rodents: _____

Deer: _____

Bear: _____

Birds: _____

Mosquitoes: _____

Flies: _____

Wasps/hornets/ground bees: _____

Grubs (below grass): _____

Other:(describe): _____

Other control: _____

General hive management approach for apiary:

Permissions

Access limitations/restrictions: _____

Allowed beekeepers: _____

Land owner contact info: Name: _____

H#) _____ C#) _____ email) _____