



MARYLAND DEPARTMENT OF NATURAL RESOURCES
 FISHING AND BOATING SERVICES
 AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION

SHELLFISH NURSERY PERMIT APPLICATION

INSTRUCTIONS: COMPLETE ALL INFORMATION BY PRINTING OR TYPING. ATTACH ADDITIONAL PAGES AS NECESSARY. EACH NURSERY FACILITY LOCATION REQUIRES A SEPARATE APPLICATION AND PERMIT. APPROVAL OF A NURSERY FACILITY IS SUBJECT TO NATURAL RESOURCES ARTICLE §4-11A-23 AND CODE OF MARYLAND REGULATIONS 08.02.23.08. RETURN APPLICATION, ALONG WITH A NONREFUNDABLE APPLICATION FEE OF \$100, TO: DNR FISHING AND BOATING SERVICES ATTN: AQUACULTURE PERMIT COORDINATOR, 580 TAYLOR AVENUE B-2, ANNAPOLIS, MD 21401. PERMITS ARE VALID FOR 5 YEARS FROM DATE OF ISSUANCE.

PART I: APPLICANT INFORMATION

APPLICANT / COMPANY NAME	MAILING ADDRESS
HOME PHONE	EMAIL ADDRESS
CELL/BUSINESS PHONE	FAX
ASSOCIATED LEASE NUMBER(S) AND/OR TIDAL WETLANDS LICENSE NUMBER(S):	

PART II: FACILITY DETAILS - TYPE AND LOCATION (Check all that apply)

<input type="checkbox"/> REMOTE SETTING FACILITY	<input type="checkbox"/> UPWELLER(S)/DOWNWELLER(S)
<input type="checkbox"/> LAND-BASED	<input type="checkbox"/> LAND-BASED
<input type="checkbox"/> ON TOP OF AN EXISTING PIER/WHARF	<input type="checkbox"/> ON TOP OF AN EXISTING PIER/WHARF
<input type="checkbox"/> IN-WATER/FLOATING (≤ 200 SQ. FT AND MOORED TO AN IN-WATER STRUCTURE)	<input type="checkbox"/> IN-WATER/FLOATING (≤ 200 SQ. FT AND MOORED TO AN IN-WATER STRUCTURE)
<input type="checkbox"/> SHELLFISH HATCHERY	
<input type="checkbox"/> OTHER (PLEASE DESCRIBE ANY FACILITY TYPE/LOCATION NOT LISTED ABOVE):	

COUNTY WHERE FACILITY IS LOCATED	DO YOU OWN THE FACILITY/PIER/WHARF? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, DO YOU LEASE THE FACILITY/PIER/WHARF? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS OF NURSERY FACILITY	NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF NOT PERMITEE: PROOF OF PERMISSION TO USE THE FACILITY FOR AQUACULTURE ACTIVITIES FROM THE INDIVIDUAL SPECIFIED ABOVE IS REQUIRED WITH THIS APPLICATION.

ARE ANY OTHER PERMITS IN PROCESS FOR CONSTRUCTION RELATING TO THIS NURSERY FACILITY? YES NO

IF YES, PLEASE DESCRIBE: _____

PART III: CULTURE DETAILS

SPECIES TO BE CULTURED AND ORIGIN/SOURCE OF EACH

Note: Shellfish larvae, seed or shell imported across state lines requires an approved import permit. A Shellfish Import Permit Application can be obtained by contacting the Aquaculture Permitting Coordinator at the Department or by downloading it from the Aquaculture Division web site.

PLANNED USE OF THE SHELLFISH (FOR SALE, USE ON LEASE, ETC.)	IF CULTIVATING OYSTERS, CHECK ALL APPROPRIATE BOXES BELOW		
	<input type="checkbox"/> DIPLOID (2N)	<input type="checkbox"/> TRIPLOID (3N)	<input type="checkbox"/> OTHER _____

PART IV: FACILITY SPECIFICATIONS

PLEASE PROVIDE ALL SPECIFICATIONS THAT APPLY FOR EACH FACILITY TYPE CHECKED ON PAGE ONE. ATTACH ADDITIONAL SHEETS AS NEEDED.

BUILDINGS: QTY _____ USE(S) _____ AREA OF EACH (sq. ft.) _____

UPWELLER: QTY _____ USE(S) _____ AREA OF EACH (sq. ft.) _____

DOWNWELLER QTY _____ USE(S) _____ AREA (sq. ft.) _____ VOLUME (gal.) _____

TANKS: QTY _____ USE(S) _____ AREA (sq. ft.) _____ VOLUME (gal.) _____

QTY _____ USE(S) _____ AREA (sq. ft.) _____ VOLUME (gal.) _____

OTHER: _____

PART V: WATER USE AND DISCHARGE

WATER SUPPLY SOURCE: _____ THIS OPERATION IS: IN SITU FLOW-THROUGH (PUMPED)

TIME OF YEAR OF OPERATION: YEAR-ROUND SEASONAL, SPECIFY MONTH(S) IN USE: _____

WATER QUALITY CLASSIFICATION OF INTAKE OR AMBIENT WATER USED FOR CULTURE (CHECK ONE):*

_____ APPROVED _____ SEASONALLY CONDITIONALLY APPROVED _____ CONDITIONALLY APPROVED

_____ RESTRICTED _____ PROHIBITED _____ PROHIBITED WITHIN CLOSED SAFETY ZONE _____ IN/NEAR MARINA
(NEAR WASTE WATER TREATMENT PLANT) (WITHIN 600')

*See the Maryland Department of the Environment (MDE) maps of Maryland Shellfish Harvest Areas mde.maryland.gov/programs/Marylander/fishandshellfish/Pages/shellfishmaps.aspx or call the MDE Shellfish Certification Division at (410) 537-3608 for information on the current classification of your desired nursery location.

FOR FLOW-THROUGH OPERATIONS:

DISCHARGE VOLUME (gal/day): MAX _____ AVERAGE _____ IS DISCHARGE INTERMITTANT? YES NO

BODY OF WATER TO RECEIVE DISCHARGE EFFLUENT _____ DISCHARGE METHOD: _____

TYPE AND CONCENTRATION OF ADDITIVES TO SYSTEM, IF ANY: _____

TYPE OF DISCHARGE TREATMENT, IF ANY _____ MDE DISCHARGE PERMIT # ** _____

**Oyster aquaculture facilities that discharge wastewater to State waters OR appropriate (draw) tidal waters from a source different from the body of water receiving discharge may require an additional permit from MDE. For questions about appropriation or discharge permits, please contact MDE at (410) 537-3323.

PART VI: OPERATIONAL PLAN

SUPPLEMENTAL INFORMATION TO BE SUPPLIED WITH THIS APPLICATION USING ATTACHED PAGES:

1. MAPS SHOWING THE FACILITY LOCATION AND POINT(S) OF DISCHARGE, WITH DIRECTIONS FROM THE NEAREST MAJOR ROADWAY. IF NOT FOUND AT A SEARCHABLE STREET ADDRESS, PLEASE PROVIDE GPS COORDINATES.
2. A DESCRIPTION OF THE ENTIRE CULTURE OPERATION, INCLUDING DETAILS OF ANY INFLOW OR EFFLUENT.
3. A DESCRIPTION OF SANITATION AND MAINTENANCE PRACTICES TO BE USED AT THE FACILITY, INCLUDING MEASURES TAKEN TO PREVENT CONTAMINATION OF SHELLFISH.
4. SKETCHES AND/OR PHOTOS OF THE FACILITY LAYOUT, TANKS, UPWELLERS, ETC. WITH ALL DIMENSIONS LABELED.
5. A SOLID WASTE MANAGEMENT PLAN, WHICH DETAILS DISPOSAL OF MORTALITIES AND ANY BYPRODUCTS.
6. IF YOUR OPERATION INCLUDES A HATCHERY, ALSO INCLUDE A DESCRIPTION OF ASSOCIATED INTAKE/DISCHARGE AND PUMP STRUCTURES, ALGAL PRODUCTION AND FEEDING METHODS, BIOSECURITY/FILTRATION METHODS FOR RAW WATER ENTERING THE FACILITY, AND ANY PLANNED ROUTINE MONITORING (I.E., ALGAL CULTURES, DISEASE OR CONTAMINATION, NUTRIENT DISCHARGE, ETC.).

PART VII: ACKNOWLEDGEMENTS

I UNDERSTAND THAT, IF MY APPLICATION IS APPROVED, I WILL BE REQUIRED TO DO THE FOLLOWING:

1. OBTAIN ALL PERMITS REQUIRED FOR THE SHELLFISH NURSERY OR HATCHERY OPERATION, AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS.
2. PREPARE QUARTERLY SHIPPING AND RECEIVING RECORDS BY SPECIES THAT ESTIMATE STOCKS ON HAND AND DOCUMENT THE TRANSFER OF SHELLFISH TO AND FROM THE FACILITY OR LEASED AREA, KEEP ALL RECORDS FOR THREE (3) YEARS, AND MAKE THEM AVAILABLE TO THE DEPARTMENT FOR INSPECTION UPON REQUEST.
3. NOTIFY THE DEPARTMENT IMMEDIATELY UPON DISCOVERY OF ANY DISEASE OR MASS MORTALITY EVENT AFFECTING THE SHELLFISH AT THE FACILITY THAT HAS THE POTENTIAL TO CONTAMINATE NATIVE OR NATURALIZED ANIMALS.
4. SUBMIT AN ANNUAL REPORT OF ACTIVITIES UNDER THE PERMIT ON A FORM PROVIDED BY THE DEPARTMENT.
5. ALLOW AN OFFICER OF THE NATURAL RESOURCES POLICE OR ANOTHER EMPLOYEE OF A STATE SHELLFISH CONTROL AUTHORITY TO, DURING NORMAL BUSINESS HOURS, INSPECT THE SHELLFISH NURSERY OPERATION AND ALL OF THE EQUIPMENT, RECORDS AND PRODUCTS ASSOCIATED WITH OR RELATING TO THE NURSERY OPERATION.
6. CULTIVATE AND HANDLE SHELLFISH IN ACCORDANCE WITH THE NATIONAL SHELLFISH SANITATION PROGRAM MODEL ORDINANCE AS REQUIRED UNDER COMAR 10.15.07.01A.
7. ADHERE TO SEED SIZE RESTRICTIONS OR OTHER SPECIAL CONDITIONS LISTED IN THE PERMIT.

I UNDERSTAND THAT THIS PERMIT, IF APPROVED, WILL ONLY AUTHORIZE THE POSSESSION AND SALE OF SHELLFISH LARVAE OR SEED UP TO ONE INCH IN LENGTH FROM HINGE TO BILL.

I HEREBY APPLY FOR THE ABOVE PERMIT AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

SIGNATURE OF APPLICANT/AGENT: _____ DATE: _____

PRINTED NAME OF AGENT, IF APPLICABLE: _____

COMPANY TITLE OF AGENT, IF APPLICABLE: _____

QUESTIONS? CONTACT THE AQUACULTURE AND INDUSTRY ENHANCEMENT DIVISION AT REBECCA.THUR@MARYLAND.GOV OR 410-260-8252

FOR OFFICE USE ONLY

App Received _____

Site Visit _____

Fee Received _____

Approved _____