



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 THE APPLICATION, ALONG WITH A NONREFUNDABLE APPLICATION FEE OF \$100, TO: DNR FISHING AND BOATING SERVICES ATTN: SHELLFISH NURSERY PERMIT, 580 TAYLOR AVENUE E-4, ANNAPOLIS, MD 21401. PERMITS ARE VALID FOR 5 YEARS FROM DATE OF ISSUANCE.

PART I: APPLICANT INFORMATION

APPLICANT OR BUSINESS AND AUTHORIZED AGENT NAME, TITLE	MAILING ADDRESS
HOME PHONE	EMAIL ADDRESS
CELL/BUSINESS PHONE	DNR ID # OF APPLICANT OR AGENT
ASSOCIATED SHELLFISH 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 EXISTING PERMITTED, IN-WATER STRUCTURE)
<input type="checkbox"/> SHELLFISH HATCHERY	
<input type="checkbox"/> OTHER 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 # OF PROPERTY OWNER, IF NOT PERMIT APPLICANT: A SIGNED/DATED LETTER OF PERMISSION FROM THE OWNER FOR PROPERTY USE FOR SPECIFIED AQUACULTURE ACTIVITIES IS REQUIRED WITH THE APPLICATION.

ARE ANY OTHER PERMITS IN PROCESS FOR CONSTRUCTION RELATING TO THIS NURSERY FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE DESCRIBE: _____	

PART III: CULTURE DETAILS

SPECIES TO BE CULTURED <u>AND</u> ORIGIN/SOURCE OF EACH		
Note: Shellfish larvae, seed or shell imported across state lines requires an approved Shellfish Import Permit. An Application to Import Shellfish from Out of State is available upon request from the Department or by downloading it from the Fishing & Boating Services online forms 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)

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/ DOWNWELLER	QTY	USE(S)	AREA OF EACH (sq. ft.)
	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 (NEAR WASTE WATER TREATMENT PLANT) IN/NEAR MARINA (WITHIN 600')

*For more information about shellfish harvesting classifications, see the Maryland Department of the Environment Shellfish Harvest Areas map (mde.state.md.us/programs/Marylander/fishandshellfish/Pages/index.aspx) or contact MDE's Water and Science Administration at (410) 537-3818.

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 # ** _____

**Shellfish 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 more information about applicable appropriation or discharge permits, please contact MDE at (410) 537-3323 or see mde.state.md.us/programs/Permits/WaterManagementPermits/Pages/waterpermits.aspx.

PART VI: OPERATIONAL PLAN

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

1. MAP(S) 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 DESCRIPTION OF ANY INFLOW OR EFFLUENT.
3. A DESCRIPTION OF SANITATION AND MAINTENANCE PRACTICES TO BE USED AT THE FACILITY, INCLUDING BIOSECURITY MEASURES TAKEN TO PREVENT CONTAMINATION OF SHELLFISH AND/OR EQUIPMENT.
4. DETAILED SKETCHES OF THE FACILITY LAYOUT IN BOTH AERIAL AND CROSS-SECTION VIEW, SHOWING ALL PUMPS, INTAKE AND DISCHARGE LINES AND THE LOCATION AND QUANTITY OF EACH TYPE OF EQUIPMENT (FLOATS, TANKS, ETC.) WITH DIMENSIONS LABELED. SHOW PIPES AND PUMPS IN RELATION TO YOUR PIER, IF APPLICABLE, AND THE WATERLINE, AND SHOW HOW THEY WILL BE SECURED. LABEL PIPE DIAMETER(S) AND THEIR CHANNEWARD EXTENT.*
5. A SOLID WASTE MANAGEMENT PLAN, WHICH DETAILS DISPOSAL METHODS FOR MORTALITIES AND BYPRODUCTS.
6. IF YOUR OPERATION INCLUDES A HATCHERY, INCLUDE A DESCRIPTION OF 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.).

*The Department's authority to permit the placement of structures and equipment on land, on an existing permitted pier or in state waters is limited to that which can be used for the production of shellfish seed up to 1" in length and that does not alter the footprint of a pier. Certain equipment not specifically exempted may require a tidal wetlands license or permit from MDE or State wetlands license from the Board of Public Works.

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

1. OBTAIN ANY AND ALL ADDITIONAL FEDERAL, STATE AND LOCAL PERMITS THAT MAY REQUIRED FOR 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.
8. INFORM THE DEPARTMENT OF ANY PROPOSED CHANGES TO THE OPERATION IN A WRITTEN REQUEST FOR PERMIT MODIFICATION OR SUBMISSION OF A NEW PERMIT APPLICATION, IF REQUIRED BY THE DEPARTMENT.
9. IF DESIRED, RENEW THIS PERMIT PRIOR TO ITS EXPIRATION DATE ON A FORM PROVIDED BY THE DEPARTMENT.

I UNDERSTAND THAT THIS PERMIT, IF APPROVED, WILL ONLY AUTHORIZE THE POSSESSION AND SALE OF SHELLFISH LARVAE AND/OR SEED UP TO ONE INCH FROM HINGE TO BILL, AND/OR BROODSTOCK IF HELD AT A HATCHERY FACILITY.

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 PETER.GRASSO@MARYLAND.GOV OR 410-260-8326

FOR OFFICE USE ONLY

App Received _____

Fee Received _____

Revised Date _____

Check # _____