



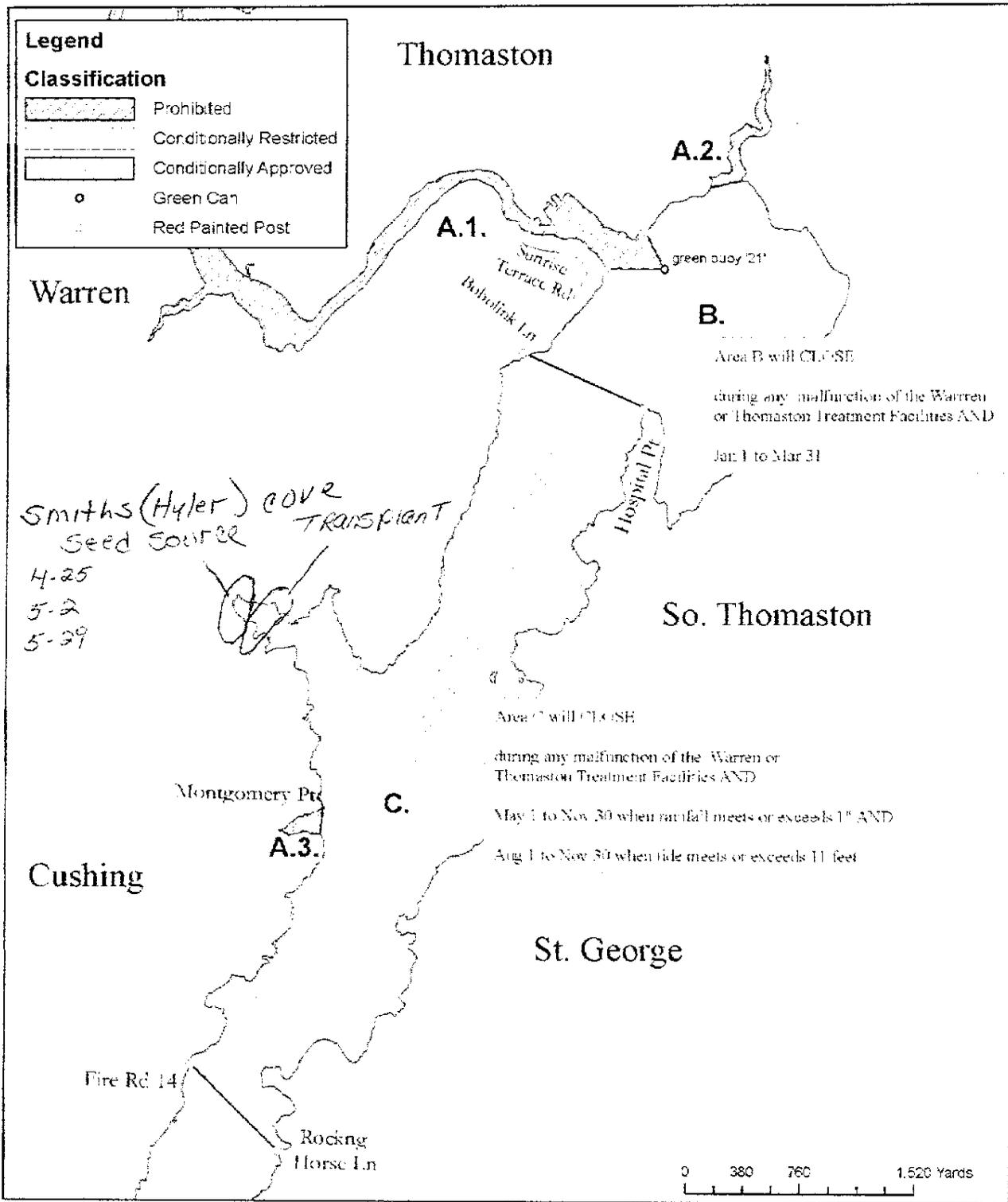
**Maine Department of Marine Resources**  
**Pollution Area No. 27**  
 Upper St. George River and Tributaries (Warren to St. George)



**Legend**

**Classification**

	Prohibited
	Conditionally Restricted
	Conditionally Approved
	Green Can
	Red Painted Post



A.2.

A.1.

B.

Area B will CLOSE  
 during any malfunction of the Warren  
 or Thomaston Treatment Facilities AND  
 Jan 1 to Mar 31

*Smiths (Hyer) Cove  
 TRANSPARENT  
 Seed source  
 4-25  
 5-2  
 5-29*

So. Thomaston

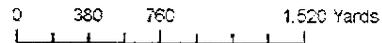
Area C will CLOSE  
 during any malfunction of the Warren or  
 Thomaston Treatment Facilities AND  
 May 1 to Nov 30 when rainfall meets or exceeds 1" AND  
 Aug 1 to Nov 30 when tide meets or exceeds 11 feet

C.

A.3.

Cushing

St. George



# Transplant/Relay Permit Application

March 23, 2016

TO: HANNAH ANNIS

Date of Application: 4 / 4 / 16

FROM: The Town of: CUSHING

Species to be transplanted: SOFTSHELL CLAMS

**Check one**

- Requests a permit to possess under-sized shellfish for the purpose of transplanting.
- Requests a permit to relay legal-sized shellfish from a Restricted area.
- Requests a permit for seed purchased from out of state hatchery.

**Contact person for the town:**

Name: DAN STAPLES

Title: JOINT BOARD-CHAIR

Address: 39 CROSSROAD

Telephone: 354-2375 / 691-8000

Email: \_\_\_\_\_

**Please answer the following:**

1. Transplant supervisor: MIKE BENNER

Title: \_\_\_\_\_ Telephone: 701-9713 Email: \_\_\_\_\_

2. State classification of the source area:  Approved  Restricted  Prohibited

3. Shellfish source (Please attach map of area):

Cove or Flat Name: SMITHS (HYLER ) COVE - CUSHING

Hatchery Name: \_\_\_\_\_

4. Date/time shellfish will be harvested or hatchery shellfish will be delivered/picked up -

Date: 5-29-16 Time(Start): 9:00a m

5. Area shellfish will be planted (Please attach map of area):

SMITHS COVE

6. Date/time shellfish will be planted - Date: 5-29-16 Time(End): 3:00 p m

7. How will the success of this project be monitored?

HARVESTER INSPECTIONS

8. Is the planted area being closed to harvest? no

9. Are predator controls being used?  No  Yes. Please describe:  
NETTING

**TRANSPLANTING OR RELAY FROM PROHIBITED/RESTRICTED AREA**

10. How will shellfish be moved to the planting site:  Boat  Vehicle  Other: \_\_\_\_\_

11. If shellfish are to be transported by vehicle, please indicate where the shellfish will be brought onshore:

**Please note: NO overnight storage of shellfish from Prohibited or Restricted areas is allowed; such shellfish must be planted immediately.**

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**Contact person for the town:**

Name: DAN STAPLES

Title: JOINT BOARD CHAIR

Address: 39 CROSSROAD CUSHING

Telephone: 354-2375 691-8000

Email: \_\_\_\_\_

**Please answer the following:**

1. Transplant supervisor: DAN SIMMONS  
Title: \_\_\_\_\_ Telephone: 975-3383 Email: \_\_\_\_\_

2. State classification of the source area:  Approved  Restricted  Prohibited

3. Shellfish source (Please attach map of area):  
Cove or Flat Name: SMITHS (HYLER COVE) -cushing  
Hatchery Name: \_\_\_\_\_

4. Date/time shellfish will be harvested or hatchery shellfish will be delivered/picked up -  
Date: 5/2/16 Time(Start): 11:30 AM

5. Area shellfish will be planted (Please attach map of area):  
SMITHS COVE

6. Date/time shellfish will be planted - Date: 5/2/16 Time(End): 5:00pm

7. How will the success of this project be monitored?  
HARVESTER INSPECTIONS

8. Is the planted area being closed to harvest? no

9. Are predator controls being used?  No  Yes, Please describe:  
NETTING

**TRANSPLANTING OR RELAY FROM PROHIBITED/RESTRICTED AREA**

10. How will shellfish be moved to the planting site:  Boat  Vehicle  Other: \_\_\_\_\_

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**Contact person for the town:**

Name: DAN STAPLES

Title: JOINT BOARD CHAIR

Address: 39 CROSSROAD CUSHING

Telephone: 354-2375 691-8000

Email: \_\_\_\_\_

**Please answer the following:**

1. Transplant supervisor: DAVID TAYLOR

Title: \_\_\_\_\_ Telephone: 354-2307 Email: \_\_\_\_\_

2. State classification of the source area:  Approved  Restricted  Prohibited

3. Shellfish source (Please attach map of area):

Cove or Flat Name: SMITHS (HYLER COVE) -cushing

Hatchery Name: \_\_\_\_\_

4. Date/time shellfish will be harvested or hatchery shellfish will be delivered/picked up -

Date: 4/25/16 Time(Start): 5:30 am

5. Area shellfish will be planted (Please attach map of area):

smiths cove

6. Date/time shellfish will be planted - Date: 4/25 Time(End): 11:30 am

7. How will the success of this project be monitored?

HARVESTER INSPECTIONS

8. Is the planted area being closed to harvest? no

9. Are predator controls being used?  No  Yes, Please describe:

NETTING

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