

Shellfish Transplant Activity Log

INSTRUCTIONS: The following information must be recorded during any transplanting activity from closed areas and should be recorded for all other transplant activities. This information will also be required for the Annual Management Review: Summary of Transplant Activities. **Please email the completed form to: DMRPublicHealthDiv@maine.gov** or send via US mail to: **DMR Nearshore Marine Resources Program, P.O. Box 8 West Boothbay Harbor, ME 04575** within **20 days of the transplant activity.**

Transplant Information:

| | |
|---|--|
| Town/Program: | |
| Supervisor Name/Title: | |
| Date of Activity: | |
| Species transplanted: | <input type="checkbox"/> Soft Shell Clam <input type="checkbox"/> Quahog <input type="checkbox"/> Razor Clam <input type="checkbox"/> Surf Clam <input type="checkbox"/> American Oyster <input type="checkbox"/> European Oyster |
| Seed amount: | |
| Average size: | <input type="checkbox"/> mm <input type="checkbox"/> inches |
| Size range: | <input type="checkbox"/> mm <input type="checkbox"/> inches |
| Source (if hatchery): | |
| Source Flat: | |
| Source Flat Water Quality Classification: | <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved Open Status <input type="checkbox"/> Conditionally Approved Closed Status <input type="checkbox"/> Restricted <input type="checkbox"/> Conditionally Restricted Open Status <input type="checkbox"/> Prohibited (seed only) <input type="checkbox"/> Conditionally Restricted Closed Status (seed only) |
| Source Municipal LPA Site ID: | |
| Receiving Flat: | |

Conservation Considerations:

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|--|--|
| Were predator controls used? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: |
| Was the flat prepared in any way? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: |
| The area will be closed until (date): | |
| How will the success of this project be monitored? | |

Crew Information:

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| Number of crew: |
| Names of crew: (everyone in attendance) |