## **Shellfish Transplant Activity Log**

INSTRUCTIONS: The following information <u>must</u> be recorded during any transplanting activity from <u>Prohibited/Restricted areas</u> 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 send the completed form to: DMR P.O. Box 8 West Boothbay Harbor, ME 04575 Attn: Shellfish Program Coordinator OR email to <u>DMRPublicHealthDiv@Maine.Gov</u> within 20 days of the transplant activity.** 

Town/City:		
Date of Activity:		
Seed Amount:	_ Average Size:	Size Range:
Source (if Hatchery):		
Source Flat:	Receiving Flat:	
Was predator netting used?	s 🔲 no	
Was the flat prepared in any way?	yes no	
The area will be closed until:		
Number of Crew:		
The remainder of the page may be	used to record the names of those	in attendance.