

GUIDELINES FOR MUNICIPAL SHELLFISH RESOURCE SURVEYS IN CLOSED AREAS

A permit from the Maine Department of Marine Resources (DMR) is required to conduct a shellfish resource survey in areas closed due to pollution. This includes areas that are Conditionally Approved in closed status, Conditionally Restricted in the closed or open status, Restricted, and Prohibited

These guidelines should be followed while surveying shellfish in closed areas:

- 1) The activity will take place during daylight hours.
- 2) The activity will take place on designated days, as listed in the permit.
- 3) The activity may only take place under the supervision of the Municipal Shellfish Warden or DMR staff member. The survey crew must remain in the permitted survey area under immediate supervision.
- 4) The survey supervisor shall have a copy of the permit with them at all times during the survey.
- 5) The supervisor should keep accurate records on the Shellfish Transplant Activity Log
- 6) The Shellfish Resource Survey Datasheets and GPS coordinates or map must be sent to the Department within 30 days of activity.

PROCEDURE

1. Completed applications must be submitted at least:
 - Twenty (20) days prior to the requested date of the closed area shellfish resource survey.
2. (Preferred) Email to: DMRPublicHealthDiv@maine.gov
Mail to: Nearshore Marine Resources Program, DMR, PO Box 8, West Boothbay Harbor, ME 04575
3. Marine Patrol **must** be notified of the following:
 - A. Name and contact information of survey supervisor
 - B. Survey area
 - C. Date and time of the surveyContact Marine Patrol at the following location(s): **Division I - W. Boothbay Harbor** (207-633-9595) or **Division II - Lamoine** (207-664-2392) during business hours on the morning of, or the day before the activity.
4. Submit your Shellfish Resource Survey Datasheet(s) and GPS coordinates or map by email or mail (addresses above) within 30 days of activity.

FORMS/RESOURCES

1. You can find Growing Area Sections and Classifications on the [DMR Interactive Shellfish Closure Map](#).
2. [A field guide for conducting a Shellfish Resource Population Survey](#) can be found on the Nearshore Marine Resources Website.
3. If you have questions about how to conduct a Shellfish Resource Population Survey, please [contact the Marine Resource Scientist](#) for your town.
4. An example of a [completed Shellfish Resource Survey Datasheet](#) can be found on the Nearshore Marine Resources Website.
5. Printable [blank Shellfish Resource Survey Datasheets](#) can be found on the Nearshore Marine Resources Website.
6. If you are unable to record GPS coordinates for each plot dug, please sketch a map of the area surveyed, as described in the field guide for conducting a Shellfish Resource Population Survey.

Closed Area Shellfish Survey Application

| | |
|----------------------------|-------|
| MARINE RESOURCE SCIENTIST: | DATE: |
| FROM TOWN: | |

| | | | | | | |
|---|--|---------------------------------|-------------------------------------|------------------------------------|--|--|
| ORDINANCE SHELLFISH SPECIES TO BE SURVEYED: | <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 |
|---|--|---------------------------------|-------------------------------------|------------------------------------|--|--|

Contact information for the town:

| | |
|-------------|--|
| Name/Title: | |
| Address: | |
| Telephone: | |
| Email: | |

Contact information for the survey supervisor (must be the Municipal Shellfish Warden or DMR staff):

| | |
|-------------|--|
| Name/Title: | |
| Address: | |
| Telephone: | |
| Email: | |

Survey Area:

| | |
|-------------------------------|---|
| Cove or Flat Name: | |
| (please attach map of area) | |
| Growing Area Section: | |
| Water Quality Classification: | <input type="checkbox"/> Conditionally Approved (closed) <input type="checkbox"/> Conditionally Restricted (closed) <input type="checkbox"/> Conditionally Restricted (open) <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited |

Date(s)/time(s) shellfish will be surveyed:

| | | |
|---------|---------------|-------------|
| Date 1: | Start Time 1: | End Time 1: |
| Date 2: | Start Time 2: | End Time 2: |

The supervisor MUST submit survey data and GPS Coordinates or map to DMR within 30 days of the survey.