

## Operations Plan

Details found in the 2023 NSSP Model Ordinance on page 66 and 67.

Note: Some sections may not apply to the species/operations you are proposing. Please provide as much detail as possible and you will be contacted if more information is needed. Additional plans or sheets may be submitted with the application if needed.

**Confidentiality Notice:** The information you provide in this document may be designated, by you, as proprietary pursuant to 12 M.R.S.A. §6173-B. Propriety information is defined as “information that is a trade secret or production, commercial, or financial information the disclosure of which would impact the competitive position of the submitter and would available information not otherwise publicly available” (see 12 M.R.S.A. §6173-B). Such a designation means that the information you provide may be kept confidential subject to processes detailed in 12 M.R.S.A. §6173-B(1).

If you wish to designate the information in this document as proprietary, please **include on every page** of the document the following: *I (include your name) designate this as proprietary information and as being only for the confidential use of the department, its agents and employees, other agencies of State Government, as authorized by the Governor, and the Attorney General.* This designation is required by statute and you need to include it on every page.

Company Name:	
Address:	
Author of the Operations Plan:	
Date:	

**1. Design and activities**

Please describe the land-based aquaculture processes and plans. Attach figures and diagrams of tanks, pumps, etc., to the application when submitting to DMR.

**2. Site and Boundaries**

Address and/or coordinates (latitude and longitude)

**3. Structure location**

**4. Species**

List all species you intend to culture, using both common and scientific names

**5. Procedures for deleterious substances**

Safe locations and plans for cleaning and toxic substances, following NSSP guidelines

**6. Sanitation, Maintenance, and supervision**

Please follow FDA safe sanitary operating procedures

**7. Water source**

Please identify approved area with latitude and longitude, description of location

**8. Verification study/water quality monitoring program**

The following example outlines the water quality monitoring (Table 1).

Table 1. Variables, frequency, and methods for monitoring water quality

Parameter	Production Tanks (Lines 1-4)	
	Frequency	Method(s)
Temperature	Continuous/Daily	Thermometer
Salinity	Weekly	Refractometer
Fecal Coliform	Monthly	Idexx Colilert-18

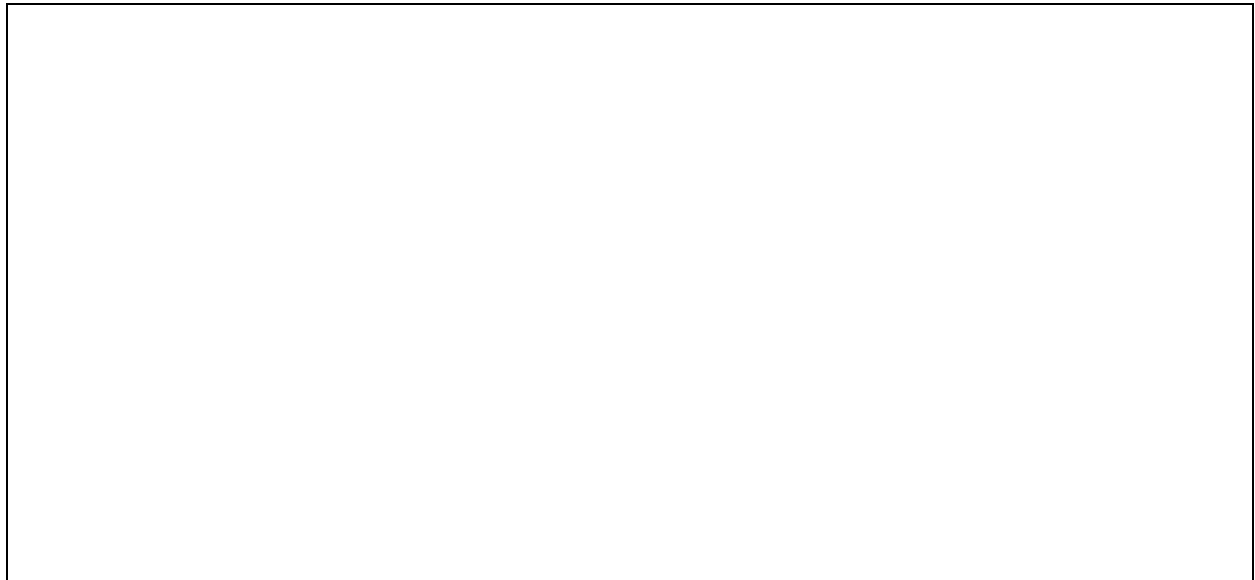
**Temperature:** Temperature is measured daily using a calibrated thermometer. These data are recorded on the checklist and stored in the facility.

**Salinity:** Salinity is measured weekly.

**Routine Fecal Coliform Monitoring:** Example details and laboratory: Samples for fecal coliform enumeration are collected monthly and are transported the same day to XYZ Environmental Laboratory where they are analyzed for fecal coliform (reported in MPN/100 mL) using the Idexx Colilert-18 method.

Monthly water test results must be emailed to the Department of Marine Resources at [DMRPublicHealthandAquaculture@maine.gov](mailto:DMRPublicHealthandAquaculture@maine.gov)

On a quarterly basis, at the same time monthly samples are collected for fecal coliform enumeration by Shellfish Inc., the Maine Department of Marine Resources will collect and process water samples for verification of results from XYZ Environmental Laboratory.



**9. Recirculating Aquaculture System Verification (RAS):**

Please provide details of system design and use for a closed loop arrangement.

**10. Collection of data concerning quality of food production**

Please provide a description of algae growing processes and system design.

## 11. Maintenance of required records

FDA, HACCP, SSOP paperwork and records archiving and maintenance

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Owner/Operator Name:	
Owner/Operator Signature:	
Date:	

FOR DMR USE ONLY
<b>APPROVED BY:</b>

Name:	
Signature:	
Title:	
Date:	