



Maine Department of Marine Resources

Land Based Aquaculture License

Application

APPLICATION INSTRUCTIONS

The Department of Marine Resources (DMR) is one authority involved in the licensing of land-based aquaculture facilities that are culturing marine organisms, including anadromous and catadromous species. Please carefully review the information below prior to applying.

- If the operations are for the culture of freshwater species only, please contact the Maine Department of Inland Fisheries and Wildlife as they permit facilities for freshwater species.
- If you intend to culture shellfish, all practices at your facility must be consistent with National Shellfish Sanitation Program (NSSP) requirements that pertain to land-based aquaculture. Pursuant to the NSSP Model Ordinance Chapter VI, and Department of Marine Resources Chapter 94, a written operational plan for the facility must be submitted with this application and approved by the Department.
- If the operations require a discharge permit from the Maine Department of Environmental Protection (DEP), please provide a copy of the final permit after it is issued. DMR will issue a land-based permit after DEP has rendered a final discharge permit. This is to ensure the land-based license is consistent with the DEP discharge permit.
- In accordance with Chapter 24 of DMR's regulations, it is illegal to import or introduce any live marine organisms from beyond Maine's borders, or from certain areas within Maine, without a permit from the Maine Department of Marine Resources (DMR). If your plans include the import or introduction of any live marine organisms, please contact DMR Pathology at DMRpathology@maine.gov.
- DMR's laws and regulations are available at: www.maine.gov/rules-enforcement

The complete application, including the operations plan may be mailed or emailed to:

Department of Marine Resources
Aquaculture Division
c/o Land Based Aquaculture
21 State House Station
Augusta, Maine 04333-0021
DMRaquaculture@maine.gov

If you have questions about the application, please contact the Aquaculture Division at 207-350-7815 or DMRaquaculture@maine.gov (please put LBA in the subject line). Your inquiry will be directed to the appropriate staff person for follow-up.

1. CONTACT INFORMATION

Name of Applicant/Company/Facility	
Contact Person (if different from above)	
Email	
Phone Number	
Physical Address of Land Based Facility	
Mailing Address (if different)	

***Note:** The email address you list here will be the primary means by which we will contact you. Please provide an email address checked regularly. If you do not use email, please leave this blank.*

2. PROPOSED OPERATIONS

In the following section, please provide as much detail as possible about your proposed operations.

Identify the type of operation (check all that apply)
<input type="checkbox"/> Commercial
<input type="checkbox"/> Recreational
<input type="checkbox"/> Education
<input type="checkbox"/> Hatchery or Nursery
<input type="checkbox"/> Research
<input type="checkbox"/> Other (please specify)

SPECIES INFORMATION

Do you intend to culture bivalve shellfish? ☐ Yes ☐ No

Please complete the table below and attach additional pages if needed.

	Common Name	Latin Name	Name of Person or Facility Supplying Stock	Address of Person or Facility Supplying Stock
1.				
2.				
3.				
4.				
5.				
6.				

Note: For any land-based applicant that intends to culture shellfish, if your license is approved, you will be subject to the regulations of the National Shellfish Sanitation (NSSP) Model Ordinance, Chapter 5, and you must have an operations plan. Details of what must be covered by an operations plan in order to comply with NSSP requirements can be found here:

<https://www.fda.gov/food/federalstate-food-programs/national-shellfish-sanitation-program-nssp>

If you have questions about the NSSP or public health concerns regarding land-based aquaculture operations, please contact: DMRPublicHealthDiv@maine.gov

Regardless of what species you intend to culture, you must submit an operations plan (a draft is fine) with this application. An operations plan template can be found:

<https://www.maine.gov/dmr/sites/maine.gov.dmr/files/inline-files/LBAOpsPlanTemplate.pdf>

Will product from your facility be:

- ☐ Sold directly by wholesale or retail sales for human consumption (i.e. sold to restaurants or straight to the public)
- ☐ Be sold as seed
- ☐ Be used on an aquaculture/lease site
- ☐ Other (or more than one of the above)

Please describe where the finished product will be used/distributed:

Please summarize your proposed land-based operations. Provide step-by-step information that details your plan for operations from seed/juvenile introduction to completion/market.

Please describe your land-based facility. Provide descriptions such as indoor, outdoor, open to the public, academic institution, laboratory, controlled access, bio-secure, Recirculating Aquaculture System (RAS), aquaponic, biofloc, quarantine system, discharge dependent, located away from surface waters of the State, located adjacent to surface waters of the State, etc.

Describe the water source for your facility.

(Municipal, well water, deep aquifer, shallow aquifer, fresh water, marine water, artificial saltwater, pond water, lake water, river water, trucked water, pumped and piped, UV treated, filtered, ozonated, and untreated.)

What is your anticipated annual production (in pounds)?

Provide anticipated production at full scale. Provide anticipated figure or: less than 20,000 lbs., less than 100,000 lbs. or greater than 100,000 lbs.

Only certified shellfish dealers may conduct wet storage. If there is wet storage, will they be separated from the rest of the stock? Describe the water system for wet storage. (Please put N/A if there is no existing or proposed wet storage.)

3. DISCHARGE AND TREATMENTS

Use the checkboxes below to identify your discharge type:

- ☐ Zero Water Discharge
- ☐ Aquaponics
- ☐ Private septic/leach field
- ☐ Publicly owned treatment works
- ☐ Surface waters of the state
- ☐ Other

Please provide details about your discharge type. For example, what waterbody or public owned treatment works will your facility discharge go to?

Use the checkboxes below to identify any effluent/discharge treatments you will be using.

- ☐ Solids filtration
- ☐ UV
- ☐ Ozone
- ☐ Chlorine
- ☐ Other

Please provide any additional relevant details about discharge treatments. What is your filtration level? What dosage of any identified treatments you will be using?

What is your anticipated daily discharge?

Please note the anticipated discharge volume at full scale. Provide anticipated figure or one of the following: zero water discharge, less than 25,000 GPD, or greater than 25,000 GPD.

Do you have a DEP discharge permit?

- ☐ Yes
- ☐ No
- ☐ N/A
- ☐ Application submitted

If yes, provide the number and expiration date, and submit a copy of your permit with this application.

Do you have an industrial user permit from your publicly owned treatment works (POTW)?

- ☐ Yes
☐ No
☐ N/A
☐ Application submitted

If yes, provide the number and expiration date, and submit a copy of your permit with this application.

4. APPLICANT ACKNOWLEDGMENT AND SIGNATURE

Do you understand that the transfer of live product, embryos, and gametes into your facility from sources within the State may require a transfer permit from DMR?

- ☐ Yes
☐ No

Do you understand that importation of live product, embryos, and gametes into the State of Maine requires an importation permit from DMR?

- ☐ Yes
☐ No

Do you understand that the transfer of live product, embryos, or gametes from this facility to other facilities or to private or public waters of the State may require a transfer permit from DMR?

- ☐ Yes
☐ No

Do you understand that the licensee must keep all invoices of live or processed product sold and purchased and have them available for inspection by the Commissioner or an authorized agent?

- ☐ Yes
☐ No

I hereby state that the information included in this application is true and correct and that I have read and understand the current regulations governing land-based aquaculture and associated activities including the importation, introduction and/or movement of aquatic animals. I understand that it is my responsibility to secure any other relevant licenses or permits, including a wastewater discharge license from the Maine Department of Environmental Protection if applicable.

Printed name: _____

Title (*if corporate applicant*): _____

Signature: _____ Date: _____

APPLICATION SUBMISSION CHECKLIST

- ____ Completed Application Form
- ____ Copy of Operations Plan (draft is OK)
- ____ Copy of DEP Discharge permit, if applicable
- ____ Copy of Industrial User Permit, if applicable