

Maine Department of Marine Resources APPLICATION FOR A Land Based Aquaculture License

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. 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 approved by the Department. Please contact DMRaquaculture@maine.gov if you would like to request an operations plan template.
- 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.
- 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 DMR.pathology@maine.gov.

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. Your inquiry will be directed to the appropriate staff person for follow-up.

1.	CON'.	TACT	INF	ORMA	TION
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1. CONTACT INFORMA	ATION
Name of	
Applicant/Company/	
Facility	
Contact Person (if	
different from above)	
Email	
Phone Number	
Physical Address of	
Land Based Facility	
Mailing Address (if	
different)	
	list here will be the primary means by which we will contact you. Please cked regularly. If you do not use email, please leave this blank.
2. PROPOSED OPERAT	IONS
In the following section, pl operations.	ease provide as much detail as possible about your proposed
Identify the type of opera	tion (check all that apply)
Commercial	· - 11 2/

Recreational □ Education ☐ Hatchery or Nursery \square Research □Other (please specify)

SPECIES INFORMATION

Do you intend to culture bivalve shellfish? Yes	□ No

Please complete the table below and add additional rows as needed.

Name of species to be cultivated (include both common and scientific names):	Name and address of the source of seed stock, juveniles, smolts, etc., to be cultivated:
1.	
2.	
3.	
4.	

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 a copy of your operations plan (a draft is fine) with this application.

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 using words such as indoor, outdoor, open to the public, academic institution, laboratory, controlled access, bio-secure, Recirculating Aquaculture System
(RAS), aquaponic, biofloc, discharge dependent, located away from surface waters of the
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As appropriate, include terms such as 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.
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 any additional relevant details about your discharge. 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
□ Solids filtration
□UV
□UV
□UV □Ozone

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 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 SIGNATURE PAGE

from sources within the State may require a transfer permit from DMR?
o Yes
o No
Do you understand that importation of live product, embryos, and gametes into the State of
Maine requires an importation permit from DMR?
o Yes
o 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?
o Yes
o 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?
o Yes
o 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 aquaculture and the above-listed standard conditions that apply to the importation, introduction and/or movement of aquatic animals. Printed name:
Title (if corporate applicant):
Fitle (if corporate applicant): Signature: Date: