

**ANNUAL SHELLFISH MANAGEMENT REVIEW**

**Municipality:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

**For the period: January 1 to December 31, \_\_\_\_\_**

The Shellfish Conservation Committee needs to submit the following information in partial fulfillment of the town’s responsibilities as outlined in Chapter 7 of the DMR Regulations and the Town’s shellfish ordinance. **A complete Budget Worksheet must accompany this report.**

**SHELLFISH COMMITTEE / STAFF**

**CHAIR NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**VICE CHAIR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

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**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEMBER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**WARDEN:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**WARDEN:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SELECTMAN/ COUNCIL REP.:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Municipality:** \_\_\_\_\_

**COMMITTEE MEETINGS**

The Committee holds regularly scheduled meetings (once a month etc.):  YES  NO

Number of meeting held during the reporting period: \_\_\_\_\_

The minutes of meetings are recorded and available on request:  YES  NO

**ORDINANCE**

The municipality or regional program approved amendments to the Shellfish Conservation Ordinance this year:  YES  NO

The following species are managed by the program's Shellfish Conservation Ordinance:

- Softshell clams                       Quahogs                                       Surf/hen clams
- Razor clams                               American oysters                               European oysters

**STATEMENT OF MANAGEMENT GOALS AND IMPLEMENTATION ACTIONS**

The goals of the shellfish management for this municipality during the reporting period were

**(Pick one in each category that best describes the municipal program):**

- 1.  Provide open licenses to maximize opportunity  
 Limit licenses to maximize individual harvest
- 2.  Conduct enhancement activities to increase resources  
 Use closures and harvest limits to maintain resource levels
- 3.  Emphasize recreational harvest  
 Emphasize commercial harvest

The following management controls were utilized **(Check all that apply):**

- 1.  Limited the number of commercial harvesters
- 2.  Limited the number of recreational harvesters
- 3.  Restricted the times of harvest (seasons, days off etc.)
- 4.  Restricted the areas of harvest (conservation closures etc.)
- 5.  Limited the amount of commercial harvest (daily harvest limit)
- 6.  Limited the amount of the recreational harvest (daily harvest limit)
- 7.  Other

The following management activities were undertaken **(Check all that apply):**

- 1.  Predator protection using fencing, netting, trapping etc.
- 2.  Reseeding from wild or hatchery stock
- 3.  Surveys of flats to determine resource abundance
- 4.  Collection of catch data from harvesters
- 5.  Enhancing natural seeding using brushing, roughing etc.
- 6.  Utilizing flat rotation through conservation closures
- 7.  Other

**Municipality:** \_\_\_\_\_

**WARDEN ANNUAL APPOINTMENT**

WARDEN #1 Name: \_\_\_\_\_

REAPPOINTMENT      NEW HIRE\*     TOWN CLERK SIGNATURE: \_\_\_\_\_

WARDEN #2 Name: \_\_\_\_\_

REAPPOINTMENT      NEW HIRE\*     TOWN CLERK SIGNATURE: \_\_\_\_\_

**\* - If the warden is a new hire the candidate must fill out a NEW WARDEN FORM found at:**  
<https://www.maine.gov/dmr/fisheries/shellfish/nearshore-marine-resources-program/municipal-shellfish-conservation-warden-information>

**WARDEN ACTIVITY REPORT (from Warden Enforcement Worksheet)**

The Municipal Shellfish Warden is provided a written job description:                      YES     NO

Hours patrolled during report period: \_\_\_\_\_

Number of harvesters checked during report period: \_\_\_\_\_

Number of warnings issued during report period: \_\_\_\_\_

Number of summons issued during report period: \_\_\_\_\_

Number of court appearances during report period: \_\_\_\_\_

Number of convictions during report period: \_\_\_\_\_

Enforcement can be improved by (check all that apply):

More Hours                      More Training                      Better Equipment

Additional Staff                      Greater State Support                     Other \_\_\_\_\_

**Municipality:** \_\_\_\_\_

**CONSERVATION CREDITS**

Conservation credits are required:  YES  NO

If NO are volunteer hours logged?:  YES  NO

Conservation credits are required for:  RENEWAL  NEW LICENSE

Number of conservation credits required annually: \_\_\_\_\_

The total number of conservation/volunteer hours during the reporting period:

(Please include total number of Participants) HOURS \_\_\_\_\_ PARTICIPANTS \_\_\_\_\_

A reduced license fee is offered with earned conservation time:  YES  NO

Opportunities are provided for earning required conservation credits  
(surveys, meeting attendance etc.):  YES  NO

Conservation credits earned for this year were (Check all that apply):

- Reseeding
- Predator Control
- Coastal Cleanup
- Surveys
- Education activities
- Other \_\_\_\_\_
- Brushing

Municipality: \_\_\_\_\_

## SUMMARY OF CONSERVATION ACTIVITIES

### CONSERVATION CLOSURES

No conservation closures were requested this year.

The following conservation closures were implemented during the review year:

CLOSURE DESCRIPTION/LOCATION	SPECIES INCLUDED IN CLOSURE (SS=softshell clam; Q=quahog; SC=surf/hen clam; RC=razor clam; AO=American oyster; EO=European oyster)	DATE CLOSED	DATE OPEN
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
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	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		
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	<input type="checkbox"/> SS <input type="checkbox"/> Q <input type="checkbox"/> SC <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/> EO		

**Municipality** \_\_\_\_\_

**SUMMARY OF TRANSPLANT ACTIVITIES**

No seeding / reseeding activities were conducted during the past year.

The following seeding / reseeding activities were conducted during the past year:

	Event 1	Event 2	Event 3	Event 4
Date (m/d)				
Supervisor				
Crew #				
Species of seed				
Amount of seed (bushels or count)				
Mean Size (mm)				
Size Range (mm)				
Source Hatchery or Flat or Municipal LPA				
Receiving Flat				
Flat Prep (y/n)				
Netted (y/n)				
Closed until				
	Event 5	Event 6	Event 7	Event 8
Date				
Supervisor				
Crew #				
Species of seed				
Amount of seed (bushels or count)				
Mean Size (mm)				
Size Range (mm)				
Source Hatchery or Flat or Municipal LPA				
Receiving Flat				
Flat Prep (y/n)				
Netted (y/n)				
Closed until				

Municipality: \_\_\_\_\_

**SPATFALL ENHANCEMENT**

No spatfall enhancement activities were conducted during the review year.

Please list activities undertaken to promote settlement such as **brushing, flat roughening, tenting or shell on flats.**

LOCATION	DATE	DESCRIPTION OF ACTIVITY

**PREDATOR REDUCTION/PROTECTION**

No predator reduction/protection activities were conducted during the review year.

Please list activities undertaken to protect shellfish from predators such as **trapping, netting and hand collection.**

LOCATION	DATE	DESCRIPTION (Species targeted and method)

Municipality: \_\_\_\_\_

**SHELLFISH RESOURCE SURVEYS**

No population surveys were conducted during the review year.

All survey data should be forwarded to the proper DMR Marine Resource Scientist. Please list the surveys conducted during the review year. DMR will not accept surveys without data.

<b>SHELLFISH FLAT</b>	<b>SURVEY DATE</b>	<b>SPECIES INCLUDED IN SURVEY</b>	<b>DATA PROVIDED TO DMR</b>	<b>MAP PROVIDED TO DMR</b>
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

The flats surveyed during the review year represent approximately \_\_\_\_\_% of the total productive flats.



**Municipality:** \_\_\_\_\_

**ADDITIONAL ACTIVITIES**

No other activities were conducted during the review year.

Please list other activities undertaken to benefit the shellfish conservation program such as education, participation in regional councils, efforts to address water quality problems, and shoreline clean-up.

LOCATION	DATE	DESCRIPTION OF ACTIVITY

**PROPOSED MANAGEMENT ACTIVITIES**

The following management activities will be undertaken during the coming year (**check all that apply**):

- Predator protection/reduction through netting, trapping and etc.
- Reseeding from high density areas or with hatchery stock
- Flat surveys to determine size distribution and density
- Enhance natural seeding through brushing, roughing, etc.
- Establishing conservation areas for flat rotation
- Other \_\_\_\_\_

In order to implement these management activities, the committee will utilize (**check all that apply**):

- Harvesters vested with conservation credit
- Harvester volunteers
- Paid harvesters
- Other volunteers
- Municipal employees
- Paid consultants
- Other \_\_\_\_\_