

# AQUACULTURE DESCRIPTION FORM

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Business Name (optional): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## A. SITE DESCRIPTION

Location of proposed aquaculture license site(s) and access routes (Include site map in USGS 1:24,000 or 1:25,000 format with boundaries clearly outlined)

City/Town: \_\_\_\_\_

Shellfish Growing Area(SGA): \_\_\_\_\_

# of Acres: \_\_\_\_\_

Site boundaries defined by latitude and longitude in decimal degrees ( i.e. 42.36115°, -71.057083°):

\_\_\_\_\_

Have you conducted a survey of the site (Y/N)? \_\_\_\_\_ Date? \_\_\_\_\_

Method of Survey:

\_\_\_\_\_

Average Depth at Mean Low Tide (MLW): \_\_\_\_\_

Mean High Tide (MHW): \_\_\_\_\_

The site is located in an:    intertidal area;    subtidal area;    spans both intertidal and subtidal areas.

What type of sediment or bottom substrate is on the site? (Benthic Habitat Conditions):

Is eelgrass present on or within twenty-five (25) ft. of the proposed grant site (Y/N)? \_\_\_\_\_

Are there shellfish currently on the site (Y/N)? \_\_\_\_\_

If yes what species and approximate densities?

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Is the proposed grant site located within an [Area of Critical Environmental Concern](#) (ACEC) (Y/N)? \_\_\_\_\_

Is the proposed grant site located within [Natural Heritage Endangered Species Project](#) (NHESP) mapped habitat (Y/N)? *If yes, you must submit a MESA Project Review Checklist to NHESP.*

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Is the proposed grant site located within an [Outstanding Resource Waters](#) (Y/N)? \_\_\_\_\_

Is there an [Environmental Justice \(EJ\) population](#) located within 1-mile of the project site (Y/N)? \_\_\_\_\_

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***If so, please complete the attached supplement to this form for projects located within 1-mile of EJ populations.***

Describe whether alternative locations were considered and identify the siting criteria used to select this site and the characteristics of the site that make it suitable for aquaculture use. It may be helpful for this evaluation to be based on the siting criteria identified in DMF's Shellfish Planting Guidelines and the Army Corps of Engineers General Permit for Aquaculture.

Has the site been used for private shellfish propagation within the last two years (Y/N)? \_\_\_\_\_

Has the site been used for municipal shellfish propagation within the last two years (Y/N)? \_\_\_\_\_

**B. SPECIES TO BE CULTURED**

What species of shellfish do you plan to cultivate? (Select all that apply)

- Eastern Oyster
- Quahog or Hard Clam
- Softshell Clam or Steamer
- Surf Clam
- Razor Clam
- Bay Scallop
- Blue Mussel
- Other \_\_\_\_\_

Do you propose on-bottom placement of cultch or spat on shell on the site (Y/N)?

If yes, explain.

**C. GEAR**

What methods of culture will be used (specify by species if necessary)?

On- bottom \_\_\_\_\_ Off- bottom \_\_\_\_\_ Both \_\_\_\_\_

Describe the type of gear to be utilized for each species to be cultured, include dimensions (Cages, Racks, Trays, Bags, Nets, Floating): ***Depending on the gear type used, the project may require additional permitting by the Massachusetts Department of Environmental Protection (MassDEP). Consult with your Harbormaster, and if needed, with the MassDEP Waterways Program.***

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\*Include with your submission of this form a site map on a USGS 1:24,000 map with site boundaries clearly outlined and a cross-section schematic of the gear to be deployed on the site. 3

If you will utilize floating gear, what measures will you take to deter birds (bird deterrence plan required)?

Spikes

Zip ties

Kites/streamers

Faux predators

Wire cage exclusion

Sweeps/spinners

Sonic deterrents

Other

Please describe your bird deterrence plan:

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What methods will you utilize to harvest shellfish? (Hand, Drag, Other) Please describe:

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How will the proposed license site be marked? (Buoy color, Type, Lines, Anchor)

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How will you access the license site?

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What equipment do you plan on utilizing to maintain the license site and transport product?

Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Boat: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Will any accessory structures be used on the license site? (barge, float, upweller, etc.)

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Will this be a seasonal operation (gear and product removed from site in winter) or year-round?

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Please include any additional information here:

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#### D. CUMULATIVE IMPACTS

After voting to grant the site license at a duly advertised public hearing (M.G.L. c.130 §60), the Select Board of the municipality must submit a request for site certification to the Division of Marine Fisheries (DMF). A site inspection that may include a site survey will be performed by DMF. If DMF determines that issuance of the site license and operational activities thereunder will have no substantial adverse impacts to natural resources and existing fisheries, DMF will issue a conditional certification letter to the municipality and include a summary table that identifies other existing and conditionally certified aquaculture sites, gear types, and acreage within the same embayment as the proposed site.

This table will be used to assess cumulative impacts if the project is subject to environmental review by the Massachusetts Environmental Policy Act (MEPA) Office and should be submitted as an attachment with your MEPA filing. If the project is subject to the MEPA Special Review Procedure (SRP), the applicant hereby acknowledges and agrees to following the procedures set forth in the SRP. The Proposed SRP can be viewed [here](#).

All information furnished on this application is true and accurate to the best of my knowledge. I will notify the Division Marine Fisheries Shellfish Sanitation and Management Program immediately of any changes.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Division of Marine Fisheries

ATTN: Aquaculture Coordinator

706 South Rodney French Boulevard

New Bedford, MA 02744

Phone: (508) 742-9766

**SUPPLEMENT TO DMF AQUACULTURE DESCRIPTION FORM**

Only For Projects Located Within 1 Mile of Environmental Justice (EJ) Populations

<p>Describe any public hearings or other public outreach conducted in relation to the project. Were there any concerns raised during the municipality’s public hearing or other process? If so, how were they resolved?</p>	
<p>Indicate whether the project is located within a municipality that exhibits “vulnerable health EJ criteria,” as indicated on the <a href="#">DPH EJ Tool</a>, and specify the relevant public health criteria.</p> <p><i>Navigate to the DPH EJ Tool, click the “EJ Data and Reports” tab at the top of the webpage, find your municipality in the table, review the “Vulnerable Health EJ Criteria Met” column of the table.</i></p>	<p><i>E.g., Town of XX meets vulnerable health EJ criteria for heart attack, low birth weight, childhood lead, childhood asthma.</i></p>
<p>Identify potential environmental or public health benefits of the project that may extend to the identified EJ populations.</p>	<p><input type="checkbox"/> Water quality benefits  <input type="checkbox"/> Recreational opportunity  <input type="checkbox"/> Commercial opportunity  <input type="checkbox"/> Other (please specify)</p>
<p>Identify any environmental or public health impacts of the project that may extend to the identified EJ populations.</p>	<p><input type="checkbox"/> Bird attraction/water quality degradation  <input type="checkbox"/> Hindrance of recreational opportunity  <input type="checkbox"/> Hindrance of subsistence activities  <input type="checkbox"/> Other (please specify)</p>