



COASTAL RESOURCES DIVISION

ONE CONSERVATION WAY · BRUNSWICK, GA 31520 · 912-264-7218

WALTER RABON
COMMISSIONER

DOUG HAYMANS
DIRECTOR

SHELLFISH MARICULTURE PERMIT APPLICATION

Statutory Authority: O.C.G.A. Title 27 Chapter 4 Article 4 Part 4 and Georgia Department of Natural Resources Coastal Resources Division, Saltwater Fishing Regulations, Chapter 391-2-4-.19

This Shellfish Mariculture Permit (SMP) is a requirement to use mariculture techniques for commercial production of shellfish species for human consumption, including but not limited to Hard Clams (*Mercenaria mercenaria*) and Eastern Oysters (*Crassostrea virginica*). Please fill out this application and submit to the Georgia Department of Natural Resources' Coastal Resources Division.

MAIL TO: Dominic Guadagnoli
Shellfish and Water Quality Program Manager
GADNR/ CRD
One Conservation Way
Brunswick, GA 31520

Please submit a shellfish mariculture permit application for each shellfish species and harvest area you intend to cultivate. If you need assistance completing your application or if you prefer a digital version, please call Dominic Guadagnoli at (912)264-7218.

APPLICATION FOR SHELLFISH MARICULTURE PERMIT

Master Harvester: _____ Harvest Area #: _____

Mailing Address: _____

Email: _____ Phone #: _____

GA Department of Agriculture Certification #: _____

GA DOA Certified Facility Address: _____

Species under culture: _____

Genetics: Diploid Triploid

Shellfish Seed Source:

(State harvest areas must meet the annual minimum seed planted requirement as prescribed by the Department)

Do you plan to purchase shellfish seed or collect spat? If so, indicate your intended source (if purchasing seed) or technique and gear for spat collection:

Is this an out-of-state source? Yes No

If seed will be purchased from out-of-state, please indicate reason(s):

No in-state source Better price Better quality Specific stock needed

If the reason is not listed above, please describe the reason for out of state purchase: _____

PLEASE NOTE THAT ALL SEED SOURCES MUST BE ON CRD'S APPROVED HATCHERY AND NURSERY LIST. SOURCES OUTSIDE OF GA WILL REQUIRE A HEALTH CERTIFICATE FROM AN APPROVED SHELLFISH PATHOLOGIST SHOWING A CLEAN BILL OF HEALTH AND AN INSPECTION OF SEED BY DNR/CRD BEFORE PLACEMENT IN WATERS OF THE STATE.

Gear Inventory and Placement

Please describe the gear you intend to deploy in your harvest area in the table below and **provide a map** of your harvest area (CRD can provide a map of your harvest area if needed) indicating **where you intend to deploy units**. Specify the quantity, size, and location of different gear types (cages, bag, bottom plants, anchors, markers, signs, etc.).

***Map should enable an inspector to locate your gear. ***

Gear Inventory			
Gear description - indicate dimensions, attach diagram or pictures	Quantity expected at final capacity	Total area (sq. ft.) gear type will occupy (gear length x width x quantity)	Map reference – please draw general locations on provided map and label with a letter
Example: 4'x4' nylon clam bags, ¼" mesh	100	1600 ft ²	Bags currently located in area A on attached map

Gear Inventory (con.)			
Gear description - indicate dimensions, attach diagram or pictures	Quantity expected at final capacity	Total area (sq. ft.) gear type will occupy (gear length x width x quantity)	Map reference – please draw general locations on provided map and label with a letter

Project Dimensions	
Project Area: (Total acreage of the potential area(s) that may be utilized in mariculture operations)	
Impact Area: (Sum of column 3 above- total area of gear to be deployed, including anchors)	
Range of Water Depth at Mean High Water:	
Range of Water Depth at Mean Low Water:	

ATTACH A COMPUTER-GENERATED SIDE VIEW DIAGRAM OF YOUR EQUIPMENT IN DETAIL INDICATING DIMENSIONS OF THE GEAR, LINES, ANCHORS, ETC. INCLUDE THE ESTIMATED WATER DEPTH OVER/UNDER EACH DEVICE AT HIGH AND LOW TIDE FOR THE DEEPEST AND MOST SHALLOW AREA OF YOUR LEASE. SEE ATTACHMENT FOR EXAMPLES.

Describe your gear deployment and installation process, include anchoring strategies (floating and bottom gear).

Describe the type, size, and material of navigational/obstruction markers or signage that will mark your harvest area, if any. Indicate these markers or signs on your map.

PLEASE NOTE THAT NAVIGATIONAL/OBSTRUCTION MARKERS MAY BE REQUIRED DEPENDING ON THE TYPE AND LOCATION OF THE PROJECT. THE PLACEMENT OF NAVIGATIONAL MARKERS REQUIRES NOTIFYING THE U.S COAST GUARD.

Equipment/Facilities (check all that apply)

How many commercially licensed vessels will be used for your operation? _____

Please list the length of each vessel. _____

Do you plan on using a barge? If so, indicate quantity, size, and use. _____

Do you plan on utilizing an upweller? Yes No

Will all harvested product from your harvest area be initially landed in your facility? If not, please provide a plan for alternate landing locations.

Please describe any other mariculture-specific equipment/facilities (wet storage, etc.):

Please provide a description of any additional processing facilities, if any:

Harvest Information (shell stock for human consumption only):

Do you intend to operate year-round? If not list start and end dates.

Number of employees who will be engaged in shellfish production: _____

Harvest methods: _____

Targeted harvest size: _____

How do you intend to maintain your gear and product (include maintenance schedule)?

Anticipated Markets (check all that apply):

Wholesale within GA Wholesale outside of GA Retail Restaurant

Other (describe): _____

Type of product (check all that apply): Shell Stock Shucked Canned Frozen

Other (describe): _____

ONLY A GEORGIA DEPARTMENT OF AGRICULTURE CERTIFIED SHELLFISH DEALER WITH A WHOLESALE DEALER LICENSE CAN SELL SHELLFISH FOR HUMAN CONSUMPTION.

Storm Plan: Attach a detailed storm plan or answer the following questions.

Please describe your plan to secure your harvest area in the event of a major storm:

If a storm causes damage to your growing units and/or disperses them beyond your harvest area, how will you repair/remove/retrieve your gear? _____

Estimated cost to remove all gear should it be necessary: _____

How did you arrive at this estimate? _____

NOTE: If you have a quote for gear removal, please attach a copy.

Bond Information (Subtidal harvest areas only): please attach or fill out any relevant bond information below (Quotes are acceptable here, a letter from the Director of CRD or his or her designee stating that the applicant's bond is acceptable must be submitted prior to SMP issuance.)

Wildlife Mitigation (Subtidal harvest areas only): (birds, turtles, dolphins, etc.): Attach a detailed plan or answer below.

How do you intend to limit wildlife interactions with your mariculture gear?

THE APPLICANT SHALL PERMIT THE STATE LAW ENFORCEMENT DIVISION, GADNR/CRD, GADOA, AND OTHER STATE OR FEDERAL PERMIT INSPECTION AGENCIES, OR THEIR REPRESENTATIVE(S), TO MAKE RECOMMENDED ALTERATIONS TO THE ACTIVITIES PROPOSED AND PERFORM PERIODIC INSPECTIONS AT ANY TIME DEEMED NECESSARY IN ORDER TO ASSURE THAT THE ACTIVITY BEING PERFORMED IS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRESCRIBED HEREIN.

AN ENTITY THAT WANTS TO CLAIM THE FOREGOING INFORMATION IN THIS PERMIT APPLICATION IS A TRADE SECRET ACCORDING TO OCGA § 50-18-72 (A)(34), MUST SUBMIT AN AFFIDAVIT STATING THE SPECIFIC RECORDS THAT CONSTITUTE A TRADE SECRET AS DEFINED IN OCGA § 10-1-761(4). IF AN ENTITY SUBMITS AN AFFIDAVIT CLAIMING A TRADE SECRET EXEMPTION FROM GEORGIA OPEN RECORDS ACT (“GORA”) O.C.G.A. § 50-18-70 ET SEQ., AND DNR DETERMINES THE INFORMATION IN THIS APPLICATION CONSTITUTES A TRADE SECRET, THEN DNR WILL WITHHOLD THE RECORDS. A REQUESTOR THAT WANTS THE RECORDS IN QUESTION CAN FILE AN ACTION IN SUPERIOR COURT TO OBTAIN A COURT ORDER THAT THE REQUESTED RECORDS ARE NOT TRADE SECRETS AND ARE SUBJECT TO DISCLOSURE. THE SUPERIOR COURT WILL DETERMINE IF THE RECORDS CONSTITUTE A TRADE SECRET. IF AN ENTITY SUBMITS AN AFFIDAVIT CLAIMING A TRADE SECRET EXEMPTION FROM GORA, AND DNR DETERMINES THE INFORMATION IN THIS APPLICATION DOES NOT CONSTITUTE A TRADE SECRET, DNR WILL NOTIFY THE ENTITY 10 DAYS BEFORE THE DISSEMINATION OF THE RECORDS. IF THE ENTITY WANTS TO PREVENT THE DISCLOSURE OF SUCH RECORDS, THE ENTITY MAY FILE AN ACTION IN SUPERIOR COURT TO OBTAIN AN ORDER THAT THE RECORDS ARE TRADE SECRETS AND NOT SUBJECT TO DISCLOSURE. THE SUPERIOR COURT WILL DETERMINE IF THE RECORDS CONSTITUTE A TRADE SECRET.

APPLICATION IS HEREBY MADE FOR A PERMIT OR PERMITS TO AUTHORIZE THE ACTIVITIES DESCRIBED HEREIN. I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS APPLICATION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE. I FURTHER CERTIFY THAT I POSSESS THE AUTHORITY TO UNDERTAKE THE PROPOSED ACTIVITIES.

PERFORMING MARICULTURE ACTIVITIES ON ONE’S HARVEST AREA BEFORE RECEIVING A SHELLFISH MARICULTURE PERMIT CAN RESULT IN A MISDEMEANOR OF A HIGH AND AGGRAVATED NATURE AND ANY AUTHORIZATIONS ISSUED SHALL BE REVOKED AND NOT REISSUED FOR A PERIOD NO SHORTER THAN THREE YEARS.

Signature of Applicant: _____ Date: _____



FEDERAL CONSISTENCY CERTIFICATION STATEMENT

KMoore
2022-08-03 19:12:05

Attachment C:

Printed Name of Applicant(s): _____

Applicant Email: _____ Phone: _____

Agent Name (if applicable): _____ Phone: _____

To Whom It May Concern:

This is to certify that I have made application to the U.S. Army Corps of Engineers (USACE) for authorization to impact Waters of the United States and that such proposed work is, to the best of my knowledge, consistent with Georgia's Coastal Management Program.

I understand I must provide this Consistency Certification Statement, along with a copy of my permit application submitted to USACE, to the Georgia Department of Natural Resources Coastal Resources Division (CRD) before they can begin evaluating my proposed project for consistency with Georgia's enforceable policies. I understand additional information may be required to facilitate review.

Once any required authorizations or permits from CRD have been issued, and CRD has concurred with my findings by signing this Consistency Certification Statement, CRD must submit it to USACE in order for them to issue any required federal permits or authorizations, or to validate any provisional authorizations they have already issued. A USACE provisional authorization or permit will not be valid until they receive this Certification Statement signed by CRD.

Attached is a copy of my application to USACE (required)

Signature of Applicant: _____ Date: _____

FOR AGENCY INTERNAL USE ONLY:	Date Received (Commencement Date): _____
USACE Authorization/Permit Number (assigned by USACE): _____	
USACE Authorization Type (select one): <input type="checkbox"/> Individual Permit <input type="checkbox"/> General Permit # ___ <input type="checkbox"/> NWP # _____	
USACE Project Manager: _____	
CRD Authorization/Permit Number (assigned by CRD): _____	
CRD Project Manager: _____	

CRD HAS REVIEWED AND CONCURS WITH THIS CONSISTENCY CERTIFICATION STATEMENT TO THE EXTENT THE USACE AUTHORIZED PROJECT DESCRIPTION IS CONSISTENT WITH THE AUTHORIZED PROJECT DESCRIPTION FOR ANY CRD PERMIT ISSUED FOR THIS PROJECT

KMoore
2022-08-03 19:11:41



CRD Signature: _____ Date: _____

Printed Name: _____ Title: _____

Note that only Jill or Doug are authorized to sign this. We could talk with Jill about giving Dom a digital signature he could insert and date. This is different than inserting a JPG of their signature and I don't know exactly how it works on these fillable forms.

For questions regarding consistency with the Georgia Coastal Management Program, contact the Federal Consistency Coordinator at (912) 264-7218 or visit www.CoastalGADNR.gov