



Regulation and Permitting of Aquaculture in Massachusetts

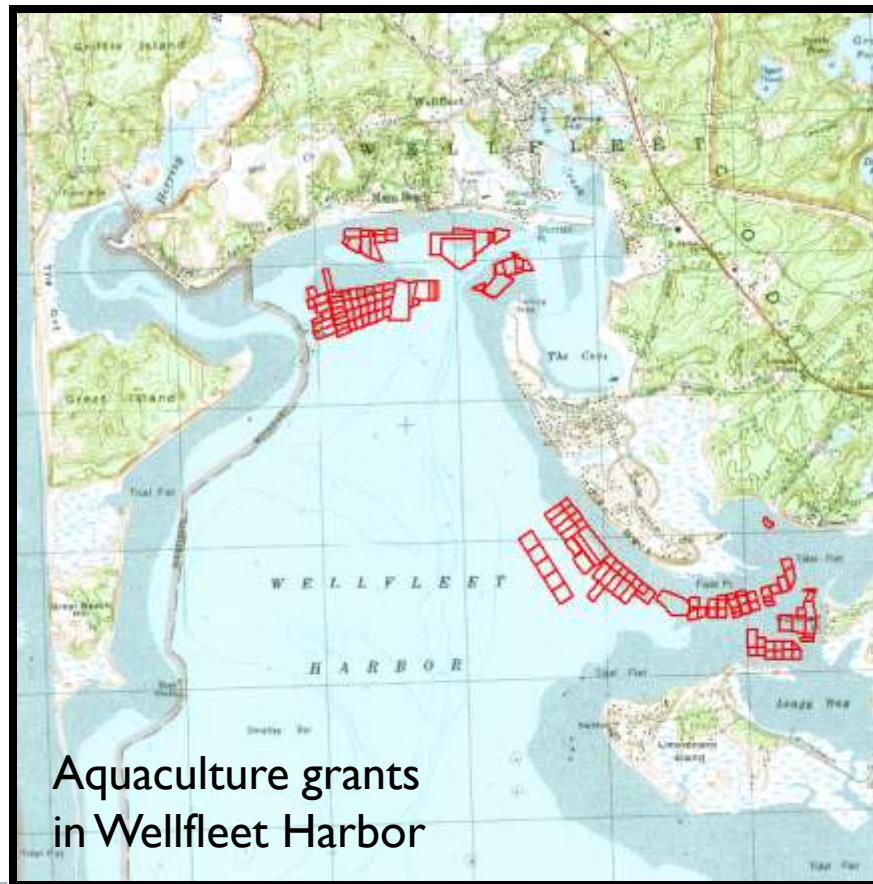
In 10 minutes or less.

Michael Hickey, Tom Shields, Jerry Moles, Kathryn Ford



Aquaculture Defined

- ▶ The planting and raising of shellfish at a specific privately licensed location resulting in the commercial production of shellfish

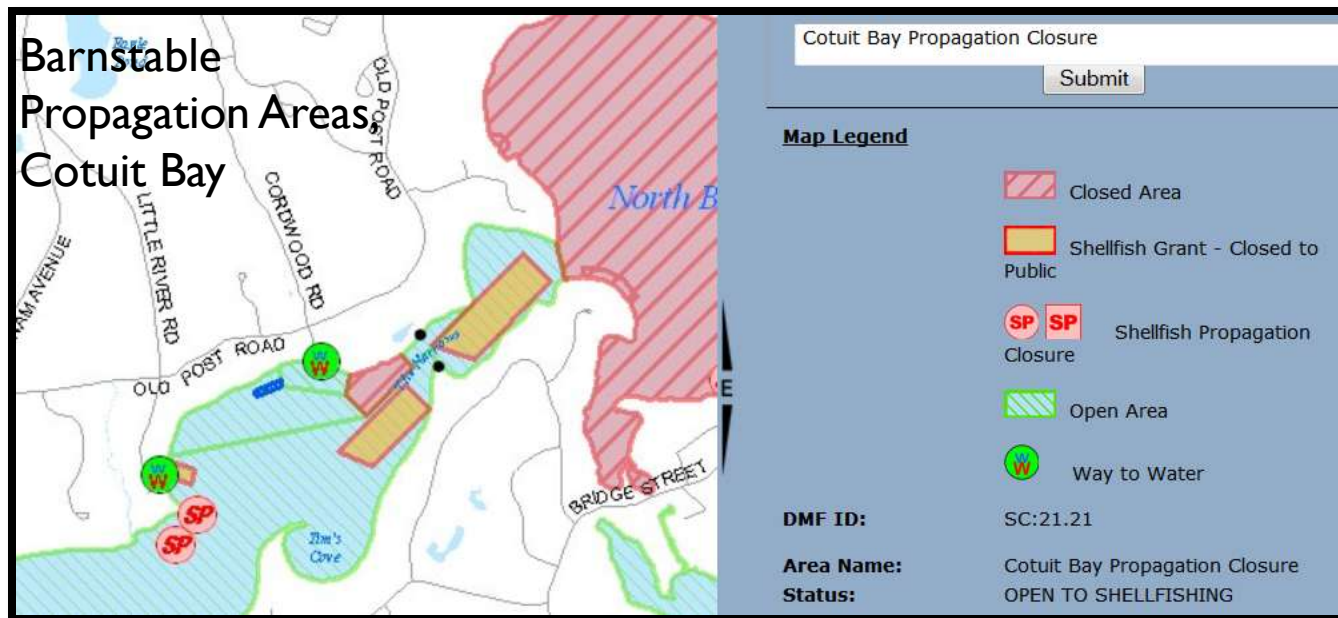


Source: Army Corps permit data



Municipal Propagation

- ▶ Propagation: any planting activity conducted by municipalities or the state to increase the supply of shellfish available to the public fisheries
- ▶ Shellfish culturing or transplanting that does not result in commercial sale of shellfish



Source: <http://maps.townofbarnstable.us/arcims/shellfish/map.aspx?PropertyID=Cotuit%20Bay%20Propagation%20Closure>

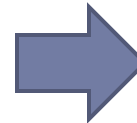


Aquaculture and Eutrophication

Density

Reistma and Murphy, 2013

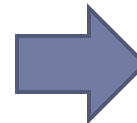
300 acre farm, 36 million oysters to
remove 45% of Waquoit Bay input N



120,000
oysters/acre

Massachusetts Aquaculture Industry,
2010 Statewide

980 acres, 14.3 million oysters



14,592
oysters/acre



Aquaculture and Eutrophication

- ▶ Shellfish aren't sponges (it can be hard to determine amount of nutrient uptake)
- ▶ Aquaculture is hard work
- ▶ Potential pitfalls:
 - ▶ Disease
 - ▶ Inclement weather
 - ▶ Predators
 - ▶ User conflict
 - ▶ Closures (red tide, oil spill, bacteria)



Source: Cotuit Oyster Company,
<http://www.cotuitoystercompany.com/about-cotuit-oyster-co.asp>



Aquaculture Permitting

Municipal

Shellfish Department

- Local shellfish permits and aquaculture regulations vary by town

Conservation Commission

- Notice of Intent (NOI)

State

DMF

1. Special License Application
2. Shellfish Aquaculture Supplemental Form
3. Commercial fishing permit application

DEP

1. Chapter 91
2. DEP 401 Water Quality Cert (if fill is being used)

MEPA

Environmental Notification Form (if > 10 acres)

Federal

Army Corps of Engineers

Mass. General Permit (GP)

- Category 1 if < 2 acres
- Category 2 if 2-10 acres

**Must follow the Aquaculture Guidelines in Appendix L of the GP*

OR

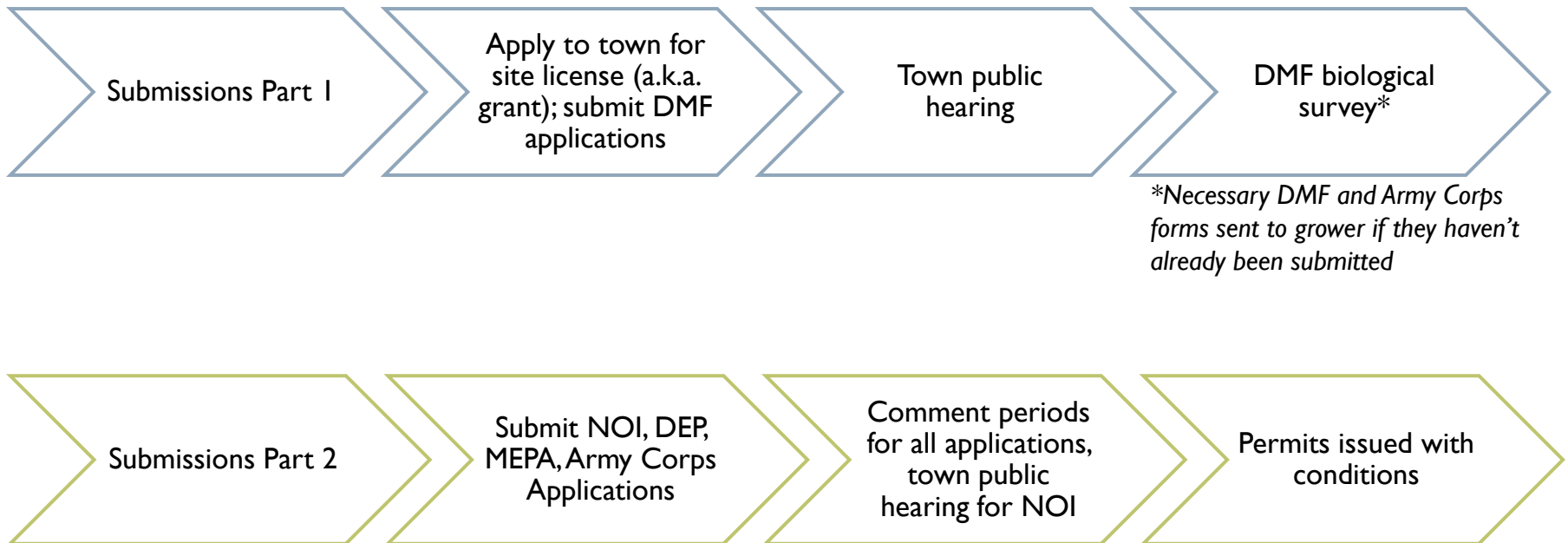
Individual Permit if > 10 acres and/or project does not follow the Aquaculture Guidelines



Permitting Process

These two pathways are separate but intertwined.

When in doubt, ask if a permit is needed (i.e. make a request for determination).



Aquaculture Permit Conditions

- ▶ DMF permit identifies the operating parameters of the activity
 - ▶ Reporting (trip level reporting)
 - ▶ Approved species
 - ▶ List of individuals authorized to be on site
 - ▶ Actions required in the event of a closure



The Commonwealth of Massachusetts
 Division of Marine Fisheries
 251 Causeway Street, Suite 400
 Boston, Massachusetts 02114-2152 (617) 626-1520

SPECIAL LICENSE APPLICATION

This is the application you requested for a Massachusetts Behavior Special License. Please complete both sides of the application and return to the above address.

PLEASE TYPE OR PRINT INFORMATION CLEARLY:

Last Name _____ First Name _____ Initial _____

Street _____ City/Town _____ State _____ Zip Code _____ Country _____

Mailing Address (if different than above) _____ City/Town _____ State _____ Zip Code _____ Country _____

Residency Status: Ma Resident: Yes No U.S. Citizen: Yes No

SSN _____ (License No.) _____
 Please note the last four digits of your SSN/Unique Id will be your license no.

Date of Birth: ____/____/____
 Telephone #: (____) _____-_____
 E-mail: _____

DOR Affidavit
 By statutory mandate of C. 233 of the Acts of 1993, the Dept. of Revenue is requiring the enclosed affidavit certifying your compliance with the Revenue Laws of the Commonwealth. Failure to accurately execute the enclosed affidavit will result in the non-issuance of your license. Should you have any questions you may contact the Dept. of Revenue at 1-800-352-6039.

Pursuant to M.G.L. Ch. 92C, s. 46A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Federal ID No. _____
 Signature of Individual or Corporate Name _____
 Corporate Officer (if applicable) by _____

Special License Selection: Please select **only one** special category from the list below. Each special license type requires additional forms as explained on page 2 of this application. If you do not have all the forms or information you need to complete this application, contact the appropriate office as indicated below, and help will be provided.

LICENSE TYPE	MASS RESIDENT	NON-RESIDENT	CONTACT OFFICE IF ADDITIONAL INFORMATION IS NEEDED
AQUACULTURE	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Contact the New Bedford Office for additional forms (508) 990-2860.
MASTER DIGGER	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500	Contact the Boston Office for additional forms (617) 626-1520.
SCIENTIFIC COLLECTION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Contact the Boston Office for additional forms (617) 626-1520.
SHELLFISH PROPAGATION	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Contact the New Bedford Office for additional forms (508) 990-2860.
SHELLFISH RELAY	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Contact the New Bedford Office for additional forms (508) 990-2860.
SUBORDINATE DIGGER	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	Contact the Boston Office for additional forms (617) 626-1520.

Use the following checklist to reduce the risk of making errors in completing this application, and a subsequent delay in processing. Please allow 3 weeks for processing.

- Complete all the requested information above, including the DOR affidavit.
- Submit additional information as required (additional requirements are explained on the other side of this form).
- Submit a check or money order made payable to the Commonwealth of Massachusetts.
- Sign your application below, and return to the Division of Marine Fisheries at the address listed above. Thank you!

Signature: _____ Date: _____

A note on semantics

- ▶ Even though the DMF form says Special License Application, the piece of paper the grower will get from DMF is known as a Propagation Permit.
 - ▶ If the permit is held by a town, it's a municipal propagation permit.
 - ▶ If the permit is held by a commercial grower, it can be called an aquaculture permit or a propagation permit.
- ▶ The “License,” “Site License,” or “Grant” is the permission the grower receives from the town to operate at a specific site.

**Permits are more temporary and restrictive in nature than licenses; for example, the propagation permit has conditions and is only good for one year.*



Propagation Permit Endorsements

- ▶ Based on the planned activities, permits receive one or more endorsements
 - ▶ Grow out
 - ▶ Intermediate grow out
 - ▶ Culling
 - ▶ Seed sales
 - ▶ Overwintering
 - ▶ Spat collection
 - ▶ Sale of undersized animals for market consumption



Commercial Fishing Permit

- ▶ To sell, a grower must have a commercial saltwater fishing permit.
- ▶ This permit is endorsed for the species the fisherman is selling.



The Commonwealth of Massachusetts

Division of Marine Fisheries
251 Causeway Street, Suite 400
Boston, Massachusetts 02114-2152 (617) 626-1850

APPLICATION FOR COMMERCIAL SALTWATER FISHING PERMITS
Please complete both sides of the application and return to the above address.

PLEASE TYPE OR PRINT INFORMATION CLEARLY:			e-mail: Informational and regulatory updates are often sent via e-mail notification. If your e-mail address changes, please remember to update with DMF.
Last Name _____ First Name _____ Initial _____			e-mail address: _____
Street _____ City/Town _____ State _____ Zip Code _____ Country _____			Date of Birth: ____/____/____
Mailing Address (if different than above) _____ City/Town _____ State _____ Zip Code _____ Country _____			Telephone #: (____) _____-____
Residence Status: Ma Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell phone #: (____) _____-____
Boat information (if applicable):			
Vessel Name _____ Length _____ ft _____ in. MS DOC No. _____			
Vessel Homeport _____			
HWF# (Northeast Federal Permit Number for this vessel) _____ (note: not the Hull Number)			
OCR Affidavit			
By statutory mandate of C. 233 of the Acts of 1993, the Dept. of Revenue is requiring the enclosed affidavit certifying your compliance with the Revenue Laws of the Commonwealth. Failure to accurately execute this enclosed affidavit will result in the non-issuance of your license. Should you have any questions you may contact the Dept. of Revenue at 1-800-392-6039.			
Pursuant to M.G.L. Ch. 62C, s. 46A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.			
Social Security No. or Federal ID No. _____			
Signature of Individual or Corporate Name _____			
Corporate Officer (if applicable) by: _____			
Commercial Affidavit: I certify under the pains and penalties of perjury that all information contained in the application is true and accurate to the best of my knowledge and belief. I acknowledge March 6, 2020 as a control date for commercial fisheries conducted using hook-and-line, longline or other hand gear within waters under the jurisdiction of the Commonwealth, excluding the commercial striped bass fishery. I understand that future access to fisheries conducted using hooks (longlines, rod & reel, or hand gear) may not be guaranteed and may be subject to eligibility criteria for determining levels of access to and allowable harvest of these fisheries based on historic harvest levels of a vessel, person or other criteria.			
Signature: _____ Date: _____			

Use the following checklist to reduce the risk of making errors in completing this application, and a subsequent delay in processing. Please allow 3 weeks for processing by mail.

- Complete all the requested information above, including the OCR & Commercial affidavits.

On the back of this form:

- Select the permit type and endorsement(s) for which you are applying.
- Select a Trip-Level Reporting Designation. Failure to select a method will result in the return of your application.
- Some fisheries require additional information to be submitted. Refer to the notes in the Endorsements section.
- Calculate your total fee, and submit a check or money order made payable to the Commonwealth of Massachusetts.
- Review the printed information, and then return your application to the Division of Marine Fisheries at the address listed above. Thank you!

Helpful Documents

- ▶ DMF Shellfish Planting Guidelines
- ▶ Aquaculture Guidelines of the Department of the Army Programmatic General Permit for the Commonwealth of Massachusetts
- ▶ Best Management Practices for the Shellfish Culture Industry in Southeastern Massachusetts



Thank You

Jerry Moles, DMF
508-990-2860 x129

Tom Shields, DMF
508-990-2860 x126

Kathryn Ford, DMF
508-990-2860 x145

