



The Commonwealth of Massachusetts Division of Marine Fisheries

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Director

TOWN OF CHILMARK SELECT BOARD
401 MIDDLE RD.
CHILMARK, MA 02535

Change of Mailing Address? If the address to the left is incorrect, make corrections here.

Mailing Address _____

Mailing Address Line 2 _____

City/Town _____

State _____

Zip code _____

RENEWAL APPLICATION FORM FOR MUNICIPAL SHELLFISH PROPAGATION PERMIT

Your propagation permit #: 175517, expires on February 28, 2023. If you would like to renew your permit, please complete this renewal packet and the 2022 Annual Report and return both to the address at the bottom of this application. **Please note your 2022 Annual Report is due to DMF by February 28, 2023 regardless of intent to renew your municipal propagation permit.**

Section 1: Propagation Permit Information

Permit Holder Information

Municipality: CHILMARK
Contact Name: ISAIAH SCHEFFER
Phone #: (508)942-3940
E-Mail: SHELLFISH@CHILMARKMA.GOV

If you'd like to make changes to the information on the left or if information is missing, make corrections here.

Permit Holder Information:

Contact : _____

Phone#: _____

E-mail _____

Use the following options to complete this application where directed:

Type of Site: Upweller, Field Nursery, Grow-out, Overwintering, Put-and-Take (market size), Spat Collection

Species Codes: Oyster- O, Quahog- Q, Surf Clam-SC, Softshell Clam-SSC, Razor Clam-RC, Bay Scallop-BS, Blue Mussel-BM, Ribbed Mussel-RB

Gear/Propagation Method: Upweller, Floating Bags or Cages, Off-bottom Gear Suspended Subsurface, Bottom Cages, Rack and Bag, Spat on Shell, Spat Collectors, Bottom Netting, Cultching, Broadcast Seeding/Planting

2. Please list all municipal propagation sites to be utilized in 2023. This includes upwellers, spat collection locations, overwintering locations, field nurseries, grow-out sites, put-and-take locations and areas propagated via contaminated relay. Please include a map or GIS/Google Earth file with locations appropriately numbered.

Site	Type of Site	Species Cultured on Site	Type of Gear/Methods Used	DSGA/ Location/ Size of Site (Acres)	Do you intend to close the site to harvest?
1				DSGA: V2 MENEMSHA POND	
2				DSGA: V3 NASHAQUITSA POND	
3				DSGA: V31 TISBURY GREAT POND	
4					
5					
6					
7					
8					
9					
10					
11					
12					

3. Do you conduct propagation activities in partnership with a third party (researcher, consultant, non-profit organization, or commercial grower)? Yes_____ No_____ If yes, provide the following information:

Name of Entity	Contact Person	Contact Person Email Address	Site #(s) as Listed Above	Do they Tend to Shellfish Without a Municipal Representative Present?

Do you utilize floating gear for shellfish cultivation? Yes ____ No ____ If yes, complete question 4 below. If no, move to #5.

4. Floating Gear:

To comply with recent changes to the NSSP Model Ordinance and protect water quality, DMF requires growers that use floating gear to take measures to prevent birds from congregating on the gear. **You must select one of the following options.**

Which of the following measures do you take to prevent birds from congregating on your floating gear?

Kites/Streamers _____ Spikes _____ Zip-Ties _____ Faux Predators _____ Wire/Cage Exclusion _____

Sweeps/Spinners _____ Other _____

Do you plan on conducting cultching activities? Yes ____ No ____ If yes, complete question 5 below. If no, move to #6.

5. Cultching Activities:

a) What type of material will be used? _____

b) Are there remote set oysters on the cultch material? Yes ____ No ____

c) If material is shell, what kind of shell? _____ How long was the shell aged? _____

d) From where did the shell originate? _____

e) What is the approx. size of the area to be cultched? _____

f) What is the approx. amount of material you intend to deploy? _____

g) What is the target thickness of cultch material on the bottom? _____

6. Please list any other activities conducted under the municipality's propagation permit:

1. The fee for this permit is \$0.00
2. Send the entire renewal form and previous year report form in the enclosed return envelope.
3. Propagation permit renewal application will not be processed if prior year annual report not submitted
4. Please be sure to sign and date all forms. *Thank you!*

SIGNATURE: _____

Date: _____

I am acquainted with the following shellfish regulations at 322 CMR: 3.03 Transplant of oysters; 6.20 Minimum sizes of shellfish; 15.00 Aquaculture; 16.00 Shellfish harvesting and handling; and the conditions pertaining to the use of this permit. I agree to comply with said regulations and conditions. All information furnished on this application is true and accurate to the best my knowledge. I will notify the Division of Marine Fisheries immediately of any changes.

MAIL THE RENEWAL FORM TO:

**Division of Marine Fisheries
706 South Rodney French Blvd.
New Bedford, MA. 02744
Att: Aquaculture Program
Telephone inquiries: 508 742-9766**



2022
DIVISION OF MARINE FISHERIES
MUNICIPAL SHELLFISH PROPAGATION ANNUAL REPORT

Please complete the following report and return it with your 2023 permit renewal application

Use the following options to complete this report where directed:

Type of Site: Upweller, Field Nursery, Overwintering, Grow-out, Put-and-Take (market size), Contaminated Relay

Species Codes: Oyster- O, Quahog- Q, Surf Clam-SC, Softshell Clam-SSC, Razor Clam-RC, Bay Scallop-BS, Blue Mussel-BM, Ribbed Mussel-RB

Gear/Propagation Method: Upweller, Floating Bags or Cages, Off-bottom Gear Suspended Subsurface, Bottom Cages, Rack and Bag, Spat on Shell, Spat Collectors, Bottom Netting, Cultching, Broadcast Seeding/Planting

Did you conduct propagation activities in 2022? Yes ____ No ____. If yes, complete the table below. This would include: the purchase, barter or exchange of seed and/or adult shellfish from approved sources such as hatcheries, other towns or private growers, spat collection, and the transplant of seed or adult shellfish from one location to another within your town and contaminated shellfish relay from an out-of-town source

A. Please list all municipal propagation sites active in 2022. This includes upwellers, overwintering locations, field nurseries, grow-out sites, put and take locations and contaminated relay of wild shellfish. Please include a map or GIS/Google earth file with locations appropriately numbered. If sites were not placed under a management closure leave the last column blank. Use the options above to complete this table where appropriate and use an additional sheet of paper if necessary.

Site	Type of Site	Species Cultured on Site	Type of Gear Utilized	Location/ DSGA/ Size of Site (Acres)	If Propagation Closure was Issued for This Site, List Closure and Reopening Dates
1				MENEMSHA POND DSGA: V2	
2				NASHAQUITSA POND DSGA: V3	
3				TISBURY GREAT POND DSGA: V31	
4					
5					
6					
7					
8					
9					

B. Did you obtain/purchase seed and/or market-sized product in 2022? Yes _____ No _____ If so, complete the table below. Use the species codes from the table above, and the site numbers from section A. to complete the last three columns. If shellfish were held at intermediate sites (upweller, field nursery, overwintering) prior to transplant to the final grow-out site, please list the site number(s) and dates of transplant. Include overwintered seed you may have purchased in 2021 but did not plant until 2022.

Species	Size When Obtained	Quantity Obtained	Hatchery/Individual/Town where Seed was Obtained (include specific location if source has multiple sites).	1 st Intermediate site # (if applicable)	2 nd Intermediate site # (if applicable)	Site # where shellfish are now
				Transplant date	Transplant date	Transplant date
OYSTER			MVSG			
BAY SCALLOP			MVSG			
QUAHOG			MVSG			
OYSTER			MUSCONGUS			
SOFT SHELL			MVSG			

C. Did you provide seed for sale, trade or barter with other municipalities in 2022? Yes _____ No _____ If yes, provide the following information.

Date	Species	Avg. Size	Quantity	Site # Where Shellfish Originated	Receiving Entity Name

D. Please list any problems you experienced (i.e. disease, mortality, poor growth, predation, other).

ALL INFORMATION FURNISHED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

PROPAGATION PERMIT RENEWAL APPLICATION WILL NOT BE PROCESSED IF PRIOR YEAR ANNUAL REPORT NOT SUBMITTED

MAIL TO:

**DIVISION OF MARINE FISHERIES
706 SOUTH RODNEY FRENCH BLVD.
NEW BEDFORD, MA. 02744
ATTN: AQUACULTURE PROGRAM**