



**Joint Shellfish Mariculture Application for South Carolina
 SC Department of Natural Resources
 SC DHEC Office of Coastal Resources Management
 US Army Corps of Engineers*
 (*Pre-construction Notification for Nationwide Permit 48)**

To prevent delays in processing please make sure to complete all portions of this application package and include REQUIRED ATTACHMENTS:

- Application for mariculture permit**
- Proof of residency**
- Information for companies (if applicable)**
- Vicinity map with permit area clearly marked**
- Sketch (closeup) of permit area and gear layout with latitude and longitude coordinates for each corner of the project area**
- Sketch of growing units showing height above bottom and depth at different tides**
- Memorandum of Understanding, if applicable**
- Check for \$25 non-refundable application fee**

Before completing this application you should consult the SC Mariculture FAQ to determine if you are eligible for a mariculture permit and what permits/fees may be involved.

MAIL or Deliver To: SC Dept. Of Natural Resources
 License Office
 P O Box 12559/217 Fort Johnson Road
 Charleston, S. C. 29422

If you need assistance completing this application please contact SCDNR at (843) 953-9391 **Please complete the application and other required documents and return to SCDNR. After determining eligibility, SCDNR will coordinate permit process with SCDHEC and USACOE.**

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| U.S. Army Corps of Engineers Regulatory Division 69 A Hagood Ave. Charleston, SC 29403 Phone: (843) 329-80 44 or Toll Free (866)329-8187 Web: http://www.sac.usace.army.mil/Missions/Regulatory.aspx |
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| South Carolina Department of Natural Resources Shellfish Management Section P.O. Box 12559 - 217 Fort Johnson Rd. Charleston, SC 29422 Phone: (843) 953-9391 Web: http://www.dnr.sc.gov/marine/shellfish/index.html |
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| South Carolina Department of Health and Environmental Control Ocean and Coastal Resource Management, Wetland Section 1362 McMillan Ave., Suite 400 North Charleston, SC 29405 Phone: 843-953-0200 Web: http://www.scdhec.gov/environment/ocrm/coastal_permitting.htm |
|---|

Date of Application: _____

APPLICANT INFORMATION

NAME of primary applicant: _____

ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE (home) _____ (mobile) _____

EMAIL ADDRESS: _____

Other mariculture permits held or pending: _____

AUTHORIZED AGENT

NAME of agent (if applicable): _____

ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE _____ EMAIL ADDRESS _____

Applicant authorizes above agent to act in his behalf in processing this application. Permittee still holds responsibility for fulfillment of any permit terms.

Authorization of Applicant. I hereby authorize the agent whose name is given on page one of this application to act in my behalf in the processing of this application and furnish supplemental information in support of this application

Applicant's Signature

Date

ADDITIONAL APPLICANTS:

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Other mariculture permits held or pending: _____

For additional permittees please provide same information on separate sheet.

Co-applicants will be listed on the official permit but correspondence concerning the permit will go to the primary applicant. All permittees are responsible for fulfilling the terms of the permit. In the event of the death of the primary applicant, any co-applicants will assume the remainder of the permit term and all obligations associated with the permit. It is the responsibility of the applicants to notify SCDNR if there are any changes in contact information.

1. Are all applicants residents of the State of South Carolina? YES _____ NO _____

Provide proof of residency for each applicant (e.g. SCDrivers License, letter from SCDOR)

2. If applicant is a corporation, LLC or partnership, is this business licensed to operate in South Carolina?

YES _____ NO _____

Provide proof of existence from SC Secretary of State and complete Company Information Form.

PROJECT DESCRIPTION

3. Project Purpose:

4. Will the proposed project occur within an existing mariculture project area? Yes_____ No_____

5. Does the proposed project involve floating or suspended culture, such as floating oyster bags? Yes_____ No_____ **NOTE: Rafts and other floating structures must be securely anchored and clearly marked.**

6. Has this species been previously cultivated in this waterbody (not necessarily by the applicant)? Yes_____ No_____

7. Is this species indigenous (=native) to South Carolina? Yes_____ No_____

SCDNR will not issue a permit to cultivate a non-indigenous shellfish species.

8. Source(s) of seed: _____

***If seed is coming from outside SC an importation permit is required from SCDNR.**

PROJECT LOCATION

NOTE: This permit is for use of waters and bottoms of the State of South Carolina and Waters of the United States regulated by the U.S. Army Corps of Engineers, and for controlled cultivation of molluscan shellfish. This permit does not pertain to any upland activities. Such activities may require additional permits from local, state or federal authorities. It is the applicants responsibility to determine what additional permits may be needed for the use of uplands in conjunction with this activity.

9. Describe location of the proposed mariculture area:

County: _____ Creek or water body: _____

Nearest municipality: _____

Description: _____

Intertidal _____ Subtidal _____ Floating _____ (check all that apply)

10. Attach an accurate 8 ½ X 11 inch map (tax map, chart, topographic map or equivalent) with a maximum scale 1:24000 (USGS Quad Sheet) showing the location of the proposed permit and surrounding waters and shorelands. Mark the entire boundary of the proposed area and provide latitude and longitude coordinates for each corner of the permit area. (You may need to provide a second blow up map or sketch for the latter).

11. What is the SC DHEC harvest classification for this proposed permit area?

Approved Conditional Restricted Prohibited

If the harvest classification is not “Approved” you must specify in your operations plan how you will insure consumer safety by restricting harvest or relaying product. Relay requires prior approval from SCDHEC and MAY NOT BE ALLOWED. You should discuss this with SCDHEC Shellfish Sanitation (803) 898-4300) before submitting your application.

12. Names of adjacent property owners or permit holders:

NOTE: If the proposed mariculture permit is within the boundaries of a culture permit SCDNR may require a Memorandum of Understanding between the applicant and the Culture Permit Holder. An example of an acceptable Memorandum of Understanding is attached.

13. Do you own adjoining waterfront property? Yes _____ No _____

If yes please give taxmap number(s)_____

14. Do you own or have access to a dock, wharf, or similar structure for unloading?

Yes _____ No _____ Location(s)_____

PROJECT IMPACTS

For questions about project impacts, please contact the U.S. Army Corps of Engineers at 843-329-8044 or toll free at 1-866-329-8187.

15. Describe the direct and indirect adverse environmental effects the project would cause, including the anticipated amount of loss of water of the United States expected to result from the NWP activity, in acres, linear feet, or other appropriate unit of measure.

NOTE: The loss of waters of the United States is defined as: Waters of the United States that are permanently affected by filling, flooding, excavation, or drainage because of the regulated activity. Permanent adverse effects include permanent discharges of dredged or fill material that change an aquatic area to dry land, increase the bottom elevation of a waterbody, or change the use of the waterbody...Waters of the United States temporarily filled, flooded, excavated, or drained, but restored to pre-construction contours and elevation after construction, are not included in the measurement of loss of waters of the United States.

16. **Type and quantity of Materials to be Discharged**

| Type of Material | Quantity (cubic yards) |
|------------------------|------------------------|
| Topsoil or Dirt | |
| Clean Sand | |
| Mud | |
| Clay | |
| Gravel, Rock, or Stone | |
| Concrete | |
| Other (describe) | |
| Total | |

17. Type and Quantity of Impacts to U.S. Waters (including wetlands)

| Type of Impact (Complete all that apply) | Quantity of Impact acres or square feet | Quantity of Impact cubic yards |
|--|---|--|
| Filling | | |
| Backfill & Bedding | | |
| Landclearing | | |
| Dredging | | |
| Flooding | | |
| Draining/Excavation | | |
| Shading | | |
| Totals | | |

18. Individually list wetland impacts including mechanized clearing, fill, excavation, flooding, shading, etc, and attached site map with location of each impact (attached additional sheets if needed)

| Impact Number | Wetland Type | Purpose of Impact | Impact Size (acres) |
|----------------------|---------------------|--------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
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19. If the proposed activity will result in the loss of greater than 1/10-acre (4,356 square feet) of wetlands and a PCN is required, submit a statement describing how the mitigation requirement will be satisfied, or explaining why the adverse effects are minimal and why compensatory mitigation should not be required. As an alternative, a conceptual or detailed mitigation plan may be submitted. Attach additional pages as needed.

20. Please state whether any listed (endangered or threatened) species and/or critical habitat for such species may be affected by this activity or is in the vicinity of the project? If yes, please list the species or designated critical habitat.

21. Does the activity have the potential to affect any historic property listed on or eligible for listing on the National Register of Historic Places? If yes, please list the property and/or indicate its location on a vicinity map.

22. Are you applying for any additional USACE or OCRM NWP's, general permits, or individual permits in conjunction with this project or related activities? Will the proposed project involve other activities such as wet storage floats, docks, piers, boat ramps, stockpiles, staging areas, or the deposition of shell material back into waters as waste, or other attendant features, etc

Yes _____ No _____

If yes, describe the activity below. Please note that separate authorizations from OCRM and USACE may be required and they should be contacted prior to project construction: _____

23. List all Corps Permit authorizations and other Federal, State or Local Certifications, Approvals, Denials received for work described in this application: _____

24. If material that has been taken from a different waterbody will be reused in the proposed project area, will the material be treated in accordance with the applicable regional aquatic nuisance species management plan?

Yes _____ No _____ Not Applicable _____

OPERATIONS PLAN

25. Species to be cultivated (list all): _____

26. Source(s) of seed: _____

***If seed is coming from outside SC an importation permit is required from SCDNR.**

27. Quantities and type of shellfish to be grown:

| Species | Size planted | Quantity | Target harvest size | Anticipated time to harvest |
|---------|--------------|----------|---------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

28. Growing system

| Species | Size | Description of growing system |
|---------|------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

29. Materials and equipment to be used on the permit area:

| Type | Dimensions | Quantity |
|---|------------|----------|
| Bottom material enhancement (shell, alternative substrate) | | |
| Cover nets | | |
| | | |
| Soft bags | | |
| | | |
| Hard cages | | |
| | | |
| Floating cages | | |
| | | |
| Anchors | | |
| Buoys | | |
| Signs | | |

30. Attach sketches of your equipment indicating typical dimensions. A cross-section view should be included which shows maximum height above the bottom and estimated water depth over the device at high and low tide.

31. Deployment of grow-out units: Attach maps or sketches indicating specific placement of proposed equipment on your mariculture permit. This map should enable an inspector to locate your growing equipment.

32. Method of transport and placement: _____

33. Estimated schedule of deployment for the first 5 years of the permit

| Year | Season (Sp,Su, F, W) | Number of growing units to be added | Quantity of shellfish to be added |
|------|----------------------|-------------------------------------|-----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

34. Has any of this work already been completed. Yes _____ No _____

If so please describe the current status: _____

35. Navigational/obstruction markers: indicate type, size, and material of navigational markers, if any. Please note that navigational/obstruction markers may be required depending on the type and location of the project; and may require additional authorization from the State and/or U.S. Coast Guard. _____

36. Grow-out methods:

Will the shellfish be in continuous confinement until final harvest? Yes ____ No ____

If shellfish will be dispersed (not in confinement), indicate size at which dispersal will occur: _____

Where they will be dispersed? _____

If you plan to remove your cultured animals from confinement for final growout, SCDNR must verify all dispersal. Otherwise the product will be considered wildstock.

Other growout plans: _____

Harvest methods: _____

37. Number of employees who will be engaged in shellfish production? _____

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

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

If a storm causes damage to your growing units and/or disperses them beyond your growing 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 quotes for gear removal please attach a copy.

39. Anticipated markets/products

Wholesale _____ within SC _____ outside of SC _____

Retail seafood store _____ Restaurants _____

Other (please describe) _____

Shell Stock ____ Shucked ____ Canned ____ Frozen ____

To sell direct to public or restaurants you must have a wholesale dealers license. All permit holders must sign an annual affidavit that they hold all applicable licenses, permits and certifications or will market exclusively through a dealer who has all required permits and licenses. You will be presented with this affidavit when you receive your permit.

Please be aware that SCDNR does not currently allow harvest of oysters during the summer (May 16-Sept 30).

QUALIFICATIONS

40. Are you currently in the seafood business? Yes _____ No _____

In what capacity?: _____

Years engaged: _____

41. If you are not currently in the seafood business, have you previously operated in the seafood business?

Yes _____ No _____ Please provide details: _____

42. Do you currently hold or have you previously held any SC Shellfish Mariculture Permits?

Yes _____ No _____ Permit number(s): _____

Years held: _____

43. Have you completed any mariculture training courses? If so please indicate where/when: _____

44. Will you manage the permit area yourself? Yes _____ No _____

If no, who will you employ as manager? _____

Address: _____

Phone: _____

45. Equipment

Check those that apply

Trailered boats: quantity _____ size(s) _____

Barge, moored boat: quantity _____ size(s) _____

Escalator harvester _____

Upweller: landbased _____ floating _____

Other (describe) _____

The applicant shall permit the SCDHEC Office of Ocean and Coastal Resource Management, the District Engineer, the State Law Enforcement Division, South Carolina Department of Natural Resources, and other State permit inspection agencies, or their representative(s) to make periodic inspection at any time deemed necessary in order to assure that the activity being performed is in accordance with the terms and conditions prescribed herein.

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 OR I AM ACTING AS THE DULY AUTHORIZED AGENT OF THE APPLICANT.

IMPORTANT!! THE APPLICATION MUST BE SIGNED BY ALL APPLICANTS AND THE AUTHORIZED AGENT (IF AN AGENT HAS BEEN LISTED ON PAGE ONE OF THIS APPLICATION).

Sworn to before me this _____ Day of _____, _____

Notary Public of South Carolina
My Commission Expires _____

Sworn to before me this _____ Day of _____, _____

Notary Public of South Carolina
My Commission Expires _____

Sworn to before me this _____ Day of _____, _____

Notary Public of South Carolina
My Commission Expires _____

Sworn to before me this _____ Day of _____, _____

Notary Public of South Carolina
My Commission Expires _____

Signature of Applicant

Printed name of Applicant

Date _____

Signature of Agent

Printed name of Agent

Date _____

Signature of Co-Applicant

Printed name of Co-Applicant

Date _____

Signature of Co-Applicant

Printed name of Co-Applicant

Date _____