STATE OF ALASKA

APPLICATION FOR AQUATIC FARM PERMITS GENERAL INSTRUCTIONS

- 1. Answer ALL questions using the blanks provided or additional pages.
- 2. If additional space is needed, mark the additional pages with the corresponding number in the application.
- 3. Type or print answers clearly in ink.
- 4. The applicant or an authorized representative must sign the application.
- 5. Submit the original application including the Environmental Risk Questionnaire, Coastal Project Questionnaire, a copy of the Corps of Engineers GP 91-7 Applicability Certification or application and the filing fee of \$50.00 to the Department of Natural Resources.

DNR Southcentral Region 3601 C Street

Mailing Address: Public Information Center PO BOX 107005 ANCHORAGE ALASKA 99510-7005

- 6. PLEASE NOTE: The aquatic farm review period is for one specific project. If you change any of the following you may need to submit a new application during a subsequent opening. Contact DNR for further information.
- 7. A separate application must be submitted for each site. Alternate sites cannot submitted on the same application.

A.The species to be grown

B.The size or design of your operation

C.The location of your operation

* SUBMIT ONLY YOUR ORIGINAL SIGNED APPLICATION. <u>A FAX OR XEROX WILL NOT BE</u> <u>ACCEPTED.</u>

STATE OF ALASKA 1993 APPLICATION

AQUATIC FARM PERMITS SHELLFISH & AQUATIC PLANTS

A. APPLICANT INFORMATION

| | | | Di (Doing B | BA usiness As) | | | |
|----|----------------|---|-----------------------|--|--------------------|--------------------|---------------------|
| 1. | Name | | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | |
| | Mailing Addres | ŝS | | ····· | <u></u> | | |
| | City | | Sta | ate | | | Zip Code |
| | Phone | Fax # | | | | | |
| 2. | Contact (to ac | cept mail/phone call i | in your absence) | 3. Authori | zed Agent, if appl | icable(Include a n | otarized authority) |
| | Business Addre | ess | | Addres | S | | |
| | City | State | Zip Code | City | | State | Zip Code |
| | Phone | Fax # | | Phone | | Fax # | - <u></u> . |
| Co | What species d | FORMATION wing questions related lo you intend to farm? | ? (e.g. Pacific Oyste | | | | · |
| | | arespond with your | development plans | and all drawi | ngs | | |
| | | Gea | | | | | |
| | | Gear | | | | | |
| | Species: | Gear | г Туре: | | Length: | | #: |

| 3. | Are you proposing a: | | | | | | | | | |
|----|----------------------|---|---|-------|----|--------------------|---|---|-------|--|
| | a. hardening area? | Y | Ν | Size: | b. | floating workraft? | Y | N | Size: | |

Species:_____ Gear Type:_____

_Length:_____

#:

5. Housing on state owned uplands can only be approved if site development requires daily attention at the time housing begins, if personnel cannot reasonably commute by road or boat, and no suitable private lands are available for rent or sale (see 11 AAC 63 040(a)).

| Does your proposal include caretaker housing or support facilities on: | |
|--|------------------------------------|
| State uplands or water; Federal uplands; private uplands ? | If any of your proposed facilities |
| will be on private uplands, please provide the upland owners name | |

If you have answered yes to any caretaker housing or support facilities, please describe all facilities (e.g. size, purpose, etc)

If you are unable to acquire the land to build or install the facilities you need, is your farm's operation plan still feasible? Yes____ No____ If it is, please describe your alternate operation plan:

 Do you currently own or lease upland property adjacent to, or near the proposed farm site? Yes ____ No ____ Are you applying for a preference right under 11 AAC 63.040(f) (This refers to upland owners) Yes ____ No ____ Do you agree to contain your aquatic farm support facilities (storage, dwellings, etc.) on these privately owned or leased lands? Yes ____ No ____

If yes, attach a copy of the ownership deed or lease agreement.

 In order to process your application, we need to know who owns the adjacent lands. Please provide the names and addresses of the land owners whose property borders your proposed site. Check Borough Property Tax Records or state or federal land records.

| UPLAND OWNER(S) | ADDRESS |
|-----------------|---------|
| | |
| | |
| | |
| | |

C. PROJECT LOCATION

1. Will any project facilities (cabins, storage sheds, etc.) occupy any uplands? Yes____ No____ If YES, please describe the facility(ies): _____

Who owns the uplands? (Check Borough Tax Records or state/federal land records)
*State Land _____ Federal Land _____ Private Land _____ Municipal Land _____

- 2. Attach a copy or original of that part of the **nautical chart** <u>and</u> USGS map that shows the proposed site location. Clearly indicate the site boundaries of your aquatic farm and write the chart reference number or USGS quadrangle name on the copy. Latitude and longitude coordinates must be visible on the copy.
- 3. What is the Township _____ Range _____ Meridian ____ Section(s) _____ Longitude _____ Latitude _____ (This information can be obtained from the USGS Quadrangle map scale 1:63,360 and the Nautical Chart)

*The State of Alaska owns most submerged lands below Mean High Water.

D. FARM DEVELOPMENT AND OPERATING PLAN

1. List pertinent experience and expertise of persons that will be working on this project. Include a staffing plan if appropriate (Use additional pages as necessary.)

| NAME | ANTICIPATED DUTIES | EXPERIENCE |
|------|--------------------|------------|
| | | |
| | | |
| | | |
| | | |

2. Describe your operating plan for this project. Include how you propose to access the site (transportation means, route and frequency); housing for personnel while working at the site; storage of gear and equipment when not in use; how you will conduct winter operations; harvesting of product (means, methods, and frequency); where you will hold your product prior to sale; how you will transport your product to point of sale. Additional information you consider pertinent to your operating plan should be included. Use additional sheets of paper as necessary.

3. An Aquatic Farm Development Plan form is attached to this application. You must fill out one of these plans for each species being proposed. As an aid, a completed sample form is also included in this packet.

E. SITE PLAN & PHYSICAL DESCRIPTION

* THE FOLLOWING INFORMATION MUST BE INCLUDED. YOUR APPLICATION WILL BE REJECTED IF ANY OF THE INFORMATION IS NOT INCLUDED.

Four types of drawings are required to make your application complete. All drawings must be on 8½" x 11" paper. Drawings prepared for the Corps of Engineers for Items 1, 2, and 3 are acceptable as long as they include the following: Vicinity Map

Please check off each number as you complete each map.

Site Plan

- 3. Provide a <u>Site Plan</u> drawn to scale which shows the layout, location, and dimensions of the following items within your proposed farm boundary. A Sample Site Plan is provided for reference.
- a. Indicate the boundaries of the farm area for all proposed uses of tide/submerged lands and uplands. (all anchors **must be inside your boundary lines**). Indicate, <u>in feet</u>, the distances of each boundary line multiply the distances out to make sure the amount is equal to the area or number of acres requested. (one acre=43,560 square feet). Hardening and defouling areas are part of the farm site but may be separated from the primary boundaries.
- ____ b. The rafts or other production facilities to be employed.

- ____ c. Anchoring systems and shoreties.
- ____ d. Docks, upland dwellings, floating structures, caretaker facilities.
- e. Wastewater disposal systems, including both sewage and greywater discharge points (grey-water means domestic wastewater from laundry, kitchen, etc., which does not contain human waste).
- _____f. The location of waters, including any drinking water wells or other drinking water system sources, fresh water(s), and salt water, within 200 feet of the proposed wastewater disposal system.
- _____g. Solid waste storage and disposal sites (note: you are encouraged to use existing permitted sites for the disposal of solid wastes).
- ____h. Roads or airstrips.
- ____i. Other upland or tideland facilities at the site associated with the farming operation.
- ____j. Fuel and chemical storage.
- ____k. Properties referenced in Section B.7. (adjacent property owners)
- ____ I. On the site plan, draw lines and identify the tide level at the following stages:
 - Mean Lower Low Water (MLLW)
 - Mean Higher High Water (MHHW)
 - Mean High Water (MHW)
 - Representative water depths inside the farm boundaries
- ____ m. On the site plan, diagram the prevailing direction of the surface water flows at the ebb (outgoing) and flood (incoming) tides.

Cross-Sectional Diagram

4. Provide a Cross-sectional Diagram (side view) of the culture facilities, and identify the construction materials. Be sure to give the dimensions of all facilities. The facilities you propose to use for each species to be cultured must be included. More than one diagram may be required. Sample cross-sectional diagrams are provided for your reference.

Detailed Drawing

5. Provide a Detailed Drawing (to scale with dimensions) of all facilities on your site plan showing their placement, construction materials, anchoring systems, and shoreties. (More than one drawing may be required) The total area must correspond to the total number of acres you are applying for. <u>The acreage of your farmsite must equal your acreage request in B.4.</u>

Site Information

- 6. What is the maximum surface tidal current speed at ebb tide? _____ At flood tide: _____ Did you estimate or measure the speed? ______ What is the maximum tidal range at the site?_____
- ____7. What is the least water depth at the culture gear site at MLLW? _____

F. SITE SUITABILITY

- 1. Physical and Biological Characteristics
 - a. Provide any information you may have regarding water exchange, water temperatures, salinity, and turbidity/sedimentation at the site. Include the dates (and stage of tide, if available) the data were recorded.

b. Describe the bottom composition at the site. (sand, mud, rock, gravel, eelgrass)

c. Describe winter conditions at the site (water temperatures, icing, storms, etc.).

| d. | Do anadromous fish (e.g. salmon) use any streams in the area for spawning? Yes No If yes, indicate which streams are used and label them as such on the site plan. |
|----|---|
| е. | Is the target species naturally present in the area? Yes No If yes, describe distribution and abundance. |
| f. | Describe measures you would propose to control predation by marine mammals, seabirds, or other potential predators. |
| | |

g. Indicate which of the above responses in Section F are based upon on-site investigations by circling the corresponding letter: a, b, c, d, e.

G. WATER QUALITY

Note to Applicant: Sewage or industrial discharge(s) may accumulate in or harm the growth or consumptive use of your shellfish product. Oysters, mussels and scallops are filter feeders and may accumulate fecal coliform bacteria and associated pathogens from sewage discharges. If a caretaker facility is needed for the site, and its discharge is located near the culturing operation, there may be a risk of contamination. To ensure that your growing area can be certified by DEC, the department has developed the following requirements for those aquatic farms where a sewage discharge is necessary. 1) Discharges must meet water quality standards (18 AAC 70), wastewater disposal regulations (18 AAC 72), and requirements of the National Shellfish Sanitation Program (incorporated by reference in 18 AAC 34.170). 2) No sewage discharge will be allowed within 300 feet from the boundary of an approved growing area (the boundary encompasses the entire growing area). 3) Outhouse and septic systems must maintain a minimum 100 foot horizontal separation distance from surface waters and a minimum 4 foot vertical separation distance from the high ground water table. The DEC will require a waste discharge permit and system plan review for all sewage discharges. Additional information may be required by the DEC depending on the type and complexity of wastewater system proposed. After review of application materials, the DEC may decide it is not necessary to issue a waste discharge permit for facilities generating very small daily volumes of sewage and greywater.

- 1. Wastewater Discharge and System Plan Review
 - a. Is there a floathome, dwelling or upland caretaker's facility proposed for the site? Yes _____ No _____
 - Will wastewater be discharged from any of these facilities? Yes _____ No _____
 If yes, please provide the following information.
 - What are the daily maximum and average discharge volumes? Maximum _____ Average _____

PLEASE SUBMIT THE FOLLOWING INFORMATION ON SEPARATE PAGES

(Contact the Department of Environmental Conservation to determine submittal requirements for your specific proposal.)

- Wastewater system design plans consisting of reports and/or drawings that clearly and legibly depict the design, type, and volume of discharge. (Design plans may require preparation by a registered engineer.)
- A description of proposed and existing wastewater treatment works, disposal systems, or sewers.
- Sufficient soils and topographic information to allow evaluation of the soil type, absorption area, depth to water table and impervious surfaces, and topography, if treatment or disposal (other than a conventional on-lot soil absorption system) is into or onto land or subsurface land.

- 2. If you plan to use a boat on your farm site, please indicate the type of marine sanitation device.
 - Were there any sources of past pollution at the site, such as shore based seafood processor, industrial facility, oil spill contamination, or a town or village? Yes _____ No _____
 If you answered yes to the above, identify:

The type of previous use (e.g. mine, village, seafood processor, oil spill)

The last known date of use ______

The distance from the site previously used to your project site ______

- Are there any current potential sources of human or industrial pollution in the area? (For example, sewage outfalls, oil contamination, industrial transfer facilities or upland operations, boat harbors, etc.) Yes _____ No _____ If yes, please describe:
 - The type of discharge(s) ______
 - The location and distance from your site _______
 - The name of the discharger(s), if known _____
- 5. Are you aware of any other planned development in the general area of your proposed farm? Yes _____ No _____ If yes, please describe the planned development.

H. CURRENT LAND USE

What are the other human uses at the project site and in the surrounding area such as commercial development, mining, timber harvest or transfer, sheltered anchorage, subsistence, recreation, hunting, commercial fishing, sport fishing, or residential use, etc? Describe how existing uses will affect your project.

Describe how your project may affect existing uses.

AQUATIC FARM APPLICATION CHECKLIST

Have you completed a(n)

| Aquatic Farm Application? Corps of Engineer Application? Site Plan Drawing? Detailed Drawing of all Facilities? Check or money order for the \$50 Filing Fee? | Costal Project Questionnaire? Vicinity Map of your site? Cross-Sectional Diagram? USGS Map and Nautical Chart? The appropriate application for any Upland Facility Use? |
|---|---|
|---|---|

* THE ORIGINAL MUST BE SIGNED AND PHYSICALLY PRESENT IN THE DNR OFFICE BY APRIL 30, 1992.

CERTIFICATION STATEMENT

The information contained herein is true and complete to the best of my knowledge. I understand that I must separately apply for and hold a Transport Permit from the Department of Fish and Game in order to hold, transport, and raise shellfish or aquatic plants, and a Growing Area Certification and a Harvesters Permit from the Department of Environmental Conservation in order to sell my product.

Signature of Applicant or *Agent

* An Agent signature requires a notarized authorization from the applicant. The following may be used.

DBA

SPECIAL NOTARIZED AUTHORIZATION FOR AN AQUATIC FARMSITE AGENT

Date

(Name of Aquatic Farmsite Applicant)

__, as my true and lawful agent, and in my name and stead, and for my use and benefit, to

(Name of Agent)

1,

submit a State of Alaska Aquatic Farm Application, any additional information requested by state agencies including DEC, DGC and F&G, and an aquatic farmsite permit and bond in my behalf therein.

This power shall remain in effect until actual notice of its revocation, in writing and with formal acknowledgement, is received by the Alaska Department of Natural Resources, PO Box 107005, Anchorage, Alaska 99510-7005.

(Signature of Applicant)

(Date)

STATE OF ALASKA

))ss.

_____ Judicial District

THIS IS TO CERTIFY that on this ______ day of ______, 19_____, before me, the undersigned, personally appeared to me known to be the person described in and who executed the within and foregoing instrument, and acknowledged to me that the said instrument was signed and sealed as a free and voluntary act for the uses and purposes therein mentioned.

Notary Public

My Commission Expires:

_, do hereby appoint

AQUATIC FARM DEVELOPMENT PLAN

APPLICANT NAME

Oscar O. Farmer

SPECIES

Pacific oyster

YEAR ONE - 1992

YEAR TWO - 1993

YEAR THREE - 1994

| ACTIVITY (see ** balow) | QTR1 (*) | 0782 | QTR3 | QTR4 | QTR1 | 9782 | QTR.) | QTR4 | QTR1 | QTR2 | QTR3 | QTR4 |
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| storage facilities, | l l | | fuel storage | | | | | | | 1. A. | | |
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| FACILITY EQUIPMENT | | | | | 1 | | rack frames | | | Ť | - | |
| type (description) | | | | | | | | | | | | |
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| and other major equipment | | | | | | | | | | | | |
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| CULTURE GEAR | | | | | | | | | | | Lasters note | |
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| Examplesilentern mets, trays, | | | 10-tier | 10-tiez | | 10-tior | | | | 14-11-6 | | |
| suspended lines, etc. | | | | | | | | | | | | |
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Quarter 1 begins January 1, Quarter 2 begins April 1, Quarter 3 begins July 1, Quarter 6 begins October 1 -- THE YEAR PERMITS ARE ISSUED IS YEAR OWE --

** To provide more detail, attach separate sheets. Reference ACTIVITY, year and quarter numerically

*** Stocking density should be in number of animals/square foot, ouble foot, linear foot, etc. as applicable to gear type

A SEPARATE DEVELOPMENT PLAN IS REQUIRED FOR EACH SPECIES YOU PROPOSE FOR YOUR FARM.

(Example: You plan to raise Perific systems, blue mussels, pink evallops and spiny scallops. Four development plans are required)

If you meed essistance or have questions regarding your development plan, please call Jim Cochran, ADF6G, FRED DIVISION at 465-6168

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AQUATIC EARM DEVELOPMENT PLAN

APPLICANT NAME

SPECIES

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| | | YEAR O | NE - | | YEAR TWO | | | | YEAR THREE | | | |
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| INSTALL SUPPORT FACILITIES | | | | | | | | | | | | |
| Examples: dook, floathouse, storage facilities, upland cabis, etc. (must correspond to farm plan | | | | | | | | | | | | 1 |
| dravings) | | | | | | | | | | | | - 1 |
| INSTALL PRODUCTION FACILITY EQUIPMENT | | | | | | | | | | | | |
| type (description) Examples:rafts,leng lines,racks, and other nejor equipment (must correspond to farm plan drawings) | | | | | | - | | | | | | • |
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| CULTURE GEAR | | | | | | | | | | | | |
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** To provide more detail, attach separate sheats. Reference ACTIVITT, year and quarter sumerically

*** Stocking density should be in number of animals/aquare foot, subis foot, linear foot, ats. as applicable to gear type

A SEPARATE DEVELOPMENT PLAN IS REQUIRED FOR EACH SPECIES YOU PROPOSE FOR YOUR FARM.

(Example: You plan to raise Pacific systems, blue massels, pink scallops and spiny scallops. Four development plane are required)

If you meed assistance or have questions regarding your development plan, please call Jim Cochran, ADF56, FRED DIVISION at 465-4160

AQUATIC FARM DEVELOPMENT PLAN

10

APPLICANT NAME

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SPECIES

168771

+1.4

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| Examples: dook, fleathouse, | | | | | | | | | 11 | | 1 | |
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| Examples:rafts, long lines, racks, | | | | | | | | | | 1 | | |
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Quarter 1 begine January 1, Quarter 2 begine April 1, Quarter 3 begine July 1, Quarter 4 begine October 1 -- THE YEAR PEDNITE ARE ISSUED 16 TEAR ONE -as To provide more detail, attach separate shoets. Reference ACTIVITT, year and quarter numerically

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(Example: You plan to reise Posific systers, blue massels, pink scallope and spiny scallops. Four development plans are required)

If you need assistance or have questions reparding your development plan, please well Jim Cookram, ADF46, FRED DIVISION at 465-4160

AQUATIC EARM DEVELOPMENT PLAN

APPLICANT NAME

SPECIES

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| | | YEAR O | NE | | YEAR TWO | | | YEAR THREE | | | | |
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| ACTIVITY (see ** below) | 9TR1 (*) | QTR2 | (ALL) | QTR4 | QTR1 | Q78.2 | QTR3 | QTR4 | QTR1 | QTR2 | QTR.J | QTR6 |
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| SIEE/LIVES YAGE | | | | | | | | | | | | |
| SOUNCE (see **** below) | | | | | | 1 | | | | | | |
| INSTALL SUPPORT PACILITIES | | | | | | | | | | : | | |
| Examples: dock, floathouse, storage facilities, upland cabim, sto. (must correspond to farm plan drawings) | | | | | | | | | | | | |
| INSTALL PRODUCTION FACILITY EQUIPMENT | | | | | | | | | | | | |
| type (description) Examples:refts,long lines,recks, and other major equipment (must correspond to farm plan dravings) | | | | | | | | | | | | |
| eise (dimensions) | | | | | | | | | 1 | | | |
| bow many? | | | | | | | | | | | | |
| CULTURE GEAR | | | | | š., | | | | | | | |
| type/size Examples:lastern mets, trays, suspended lines, etc. | | | | | | | | | | | | |
| Builde (| | | | | | | | | 1 | | | |
| stocking density (see *** below) | | | | | | | | | | | | [|
| DEC PSP SURVEYS | | | | | | | | | | | | |
| DEC GROWING AREA CERT. | | | | | | | | | | | | |
| PRODUCT AVAILABLE | | | | | | | | | | | | |
| FOR SALE (number, lbs, etc.) | | | | | | | | | | | | |
| ADF&G ANNUAL REPORT DUE | | | | x | | | | x | | | | X 158/91 |

• Quarter 1 begins January 1, Quarter 2 begins April 1, Quarter 3 begins July 1, Quarter 4 begins October 1 -- THE YEAR PERMITS ARE ISSUED IS YEAR ONE --

** To provide more detail, attach separate sheets. Reference ACTIVITT, year and quarter numerically

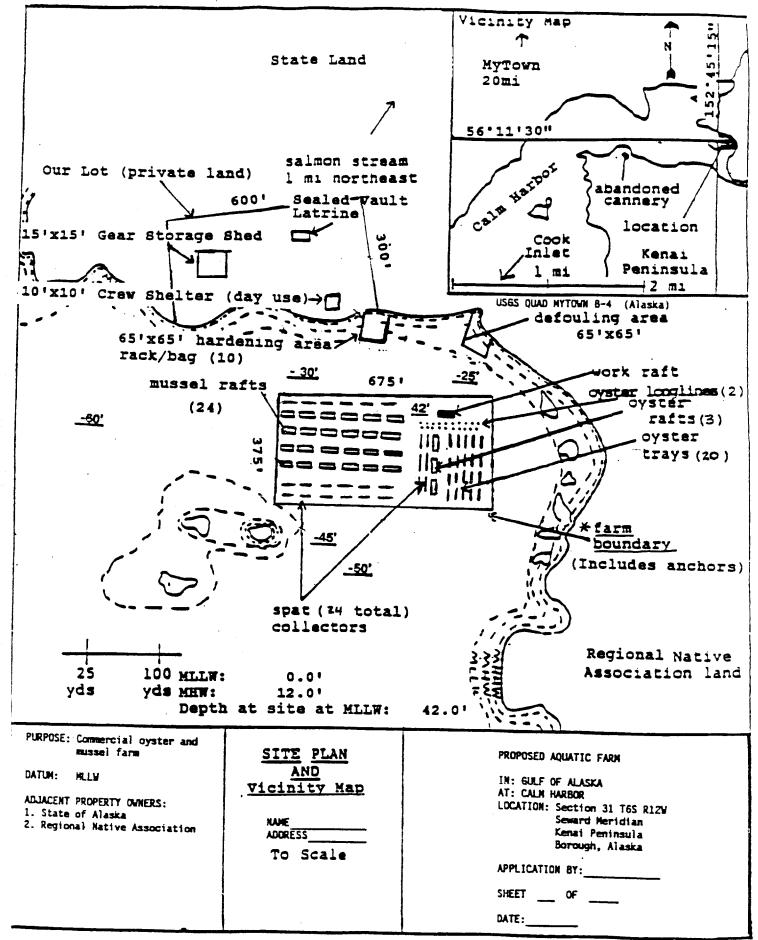
*** Stocking density should be in number of animals/square foot, oublo foot, linear foot, etc. as applicable to gear type

**** If you plan to capture wild stock, you must identify the location of the proposed source A SEPARATE DEVELOPMENT PLAN IS REQUIRED FOR EACH SPECIES YOU PROPOSE FOR YOUR FARM.

(Example: You plan to raise Pacific systems, blue mussels, pink scallops and spiny scallops. Four development plans are required)

If you need assistance or here questions regarding your development plan, please call Jim Cochran, ADFAG, FRED DIVISION at 465-4160

EXAMPLE: SITE PLAN AND VICINITY MAP



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Example take from: Nourne etal. 1989. A Manual for Scallof Culture in British Colombia. Canadian Technical Report of Fisheries and Aquatic Sciences No. 1694. 216pp.

EXAMPLE: CROSS-SECTIONAL DRAWING

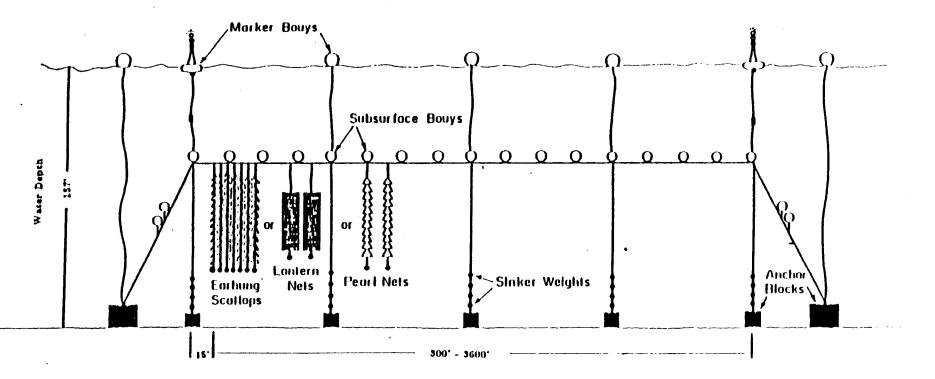
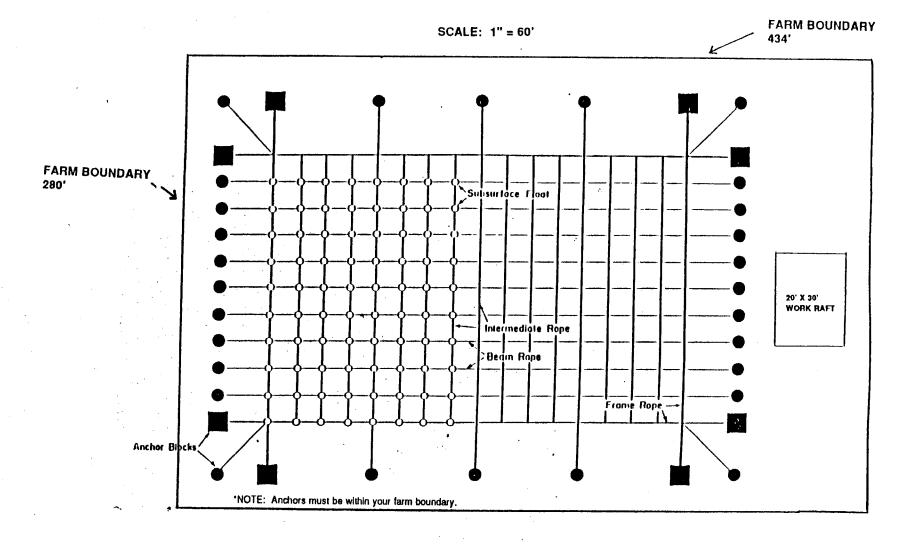


Figure 45. Diagram of a submerged longline system used for growout of juvenile scallops to commercial size.

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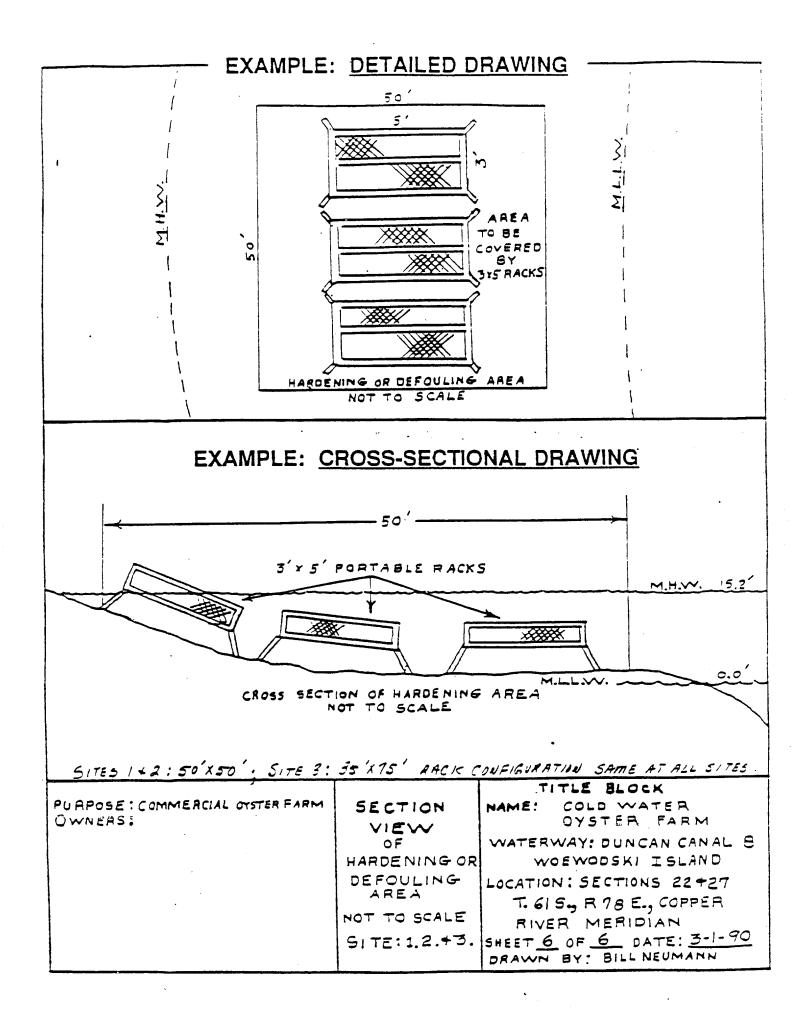
EXAMPLE: DETAILED DRAWING

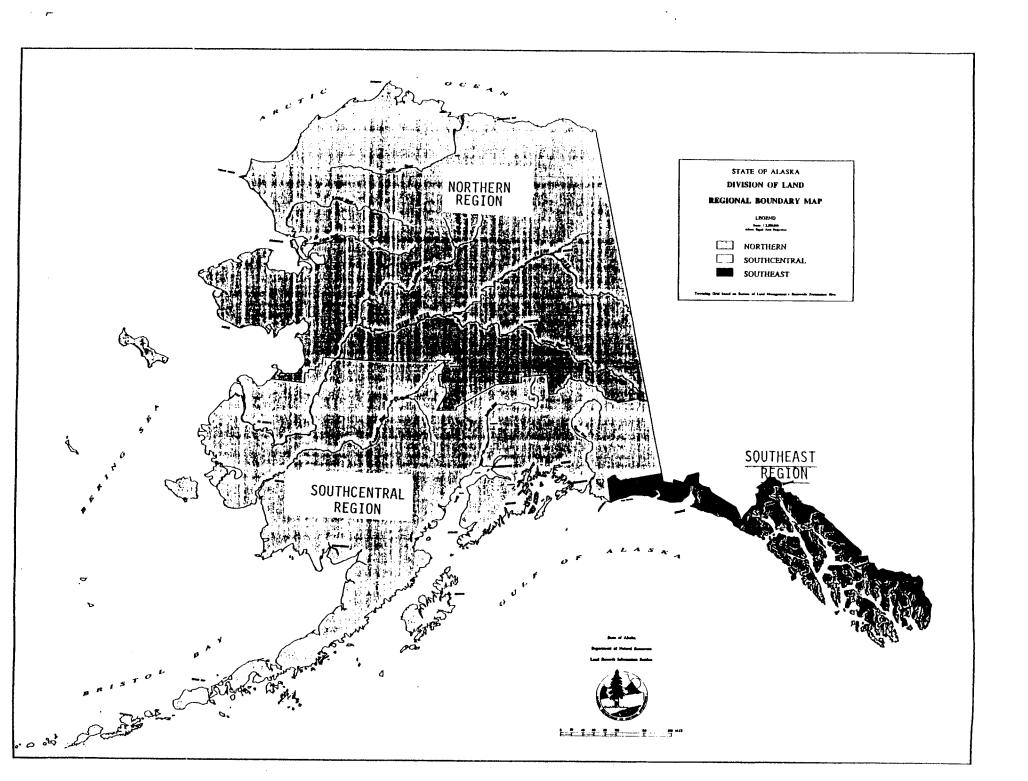


Tidal Current

To calculate your total farm boundary area multiply the boundary length by the width. That will give you the total square footage of your farmsite. Then, divide the total square feet by 43,550 (the number of aquare feet in an acre) to get the total number of acres. Remember your Farm Boundary line must be on the outside of all anchor systems.

• 434' <u>X 280'</u> 121,520 sq. ft. 43,560'<u>= 2.78 acres</u>





Permit/Certification Application Materials Issuing Agency Application Fee Long Term Costs Siting and Design Phase Alaska Coastal Management **Coastal Project Questionnaire** Division of Governmental Coordination Program Consistency Aquatic Farm Application Determination **Special Area Permit** Separate Agency Application Dept. of Fish and Game Aquatic Farmsite Permit Aquatic Farm Application Dept. of Natural Resources \$ 50.00 In 1991 \$250 for 1st Acre \$100 each add'l Acre Floathouses - \$650 1st Acre Separate Agency Application Dept. of Natural Resources \$ 25.00 State Park Use Permit Aquatic Farm Operation Permit **Aquatic Farm Application** Dept. of Fish and Game Fish Habitat Permits **Aquatic Farm Application** Dept. of Fish and Game Navigation Permit **Corps of Engineers Permit** U.S. Army Corps of Engineers \$100.00 Special Use Permit for Separate Agency Application U.S. Forest Service Based on appraised value; **Upland Facilities** 3-5% of appraised value Minimum \$1000.00 bond for cleanup **Beachlog Salvage Permit** Separate Agency Application Dept. of Natural Resources \$ 50.00 Material Sales Separate Agency Application Dept. of Natural Resources \$ 50.00 Water Rights Separate Agency Application Dept. of Natural Resources \$ 50.00 (If greater than 500 gal/day) Wastewater Discharge Permit Separate Agency Application Dept. of Environmental Conservation (If greater than 500 gal/day) Solid Waste Disposal Permit Separate Agency Application Dept. of Environmental Conservation **Stocking Phase** Aquatic Stock Acquisition Separate Agency Application Dept. of Fish and Game Shellfish or Aquatic Plant Dept. of Fish and Game **Transport Permit Product Distribution Phase** Growing Area Certification Separate Agency Application Dept. of Environmental Conservation Cost for Transporting Water Sample to Palmer Lab Harvestors Permit Separate Agency Application Dept. of Environmental Conservation Cost for Transporting Shucked

Sample to Palmer Lab

PERMITS WHICH MAY BE NECESSARY FOR AQUATIC FARM PROJECTS

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES DIVISION OF LAND

APPLICANT ENVIRONMENTAL RISK QUESTIONNAIRE

The purpose of this questionnaire is to help clarify the types of activities you propose to undertake. The questions are meant to help identify the level of environmental risk that may be associated with the proposed activity. The Division of Land's evaluation of environmental risk for the proposed activity does not imply that the parcel or the proposed activity is an environmental risk from the presence or use of hazardous substances.

Through this analysis, you may become aware of environmental risks that you did not know about. If so, you may want to consult with an environmental engineer or an attorney.

| Applicant Name | | Doing Business As | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---|---------------------|--------------------------------|--|--|--|--|--|--|--|
| Address | (| | City | State | Zip | | | | | | | |
| Home Phone | Work | Phone | Contac | t Person | | | | | | | | |
| Describe the proposed | activity: | | | | | | | | | | | |
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| | | | | | ······ | | | | | | | |
| n the course of your pro oxic and/or hazardous | posed activity materials, and | will you genera /or hydrocarbc | te, use, store, transpor ons? Yes [] No [] | t, dispose of, or c | otherwise come in contact with | | | | | | | |
| f yes, please list the sub | | | | arate sheet of pap | per, if necessary. | | | | | | | |
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If the proposed activities involve any storage tanks, either above or below ground, address the following questions for each tank. Please use a separate sheet of paper, if necessary, and, where appropriate, include maps or plats:

| a. | Where will the tank be located? |
|------------|---|
| b. | What will be stored in the tank? |
| C. | What will be the tank's size in gallons? |
| d. | What will the tank be used for? (Commercial or residential purposes?) |
| <u>е</u> . | Will the tank be tested for leaks? |
| f. | Will the tank be equipped with leak detection devices? Yes [] No []. If no, describe: |
| | o you have any reason to suspect, or do you know if the site may have been previously contaminated? Yes [] No []. |
| | |
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| | |

I certify that due diligence has been exercised and proper inquiries made in completing this questionnaire, and that the foregoing is true and correct to the best of my knowledge.

Applicant

Date