



SC DEPARTMENT of
**ENVIRONMENTAL
SERVICES**

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

Before completing this application you should consult the SCDNR Office of Fisheries Management to determine if you are eligible for a mariculture permit and what permits/fees may be involved.

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**

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) 953-0126. **Please complete the application and other required documents and return to SCDNR. After determining eligibility, SCDNR will coordinate permit process with SCDES and USACOE.**

U.S. Army Corps of Engineers Regulatory Division 69 A Hagood Ave. Charleston, SC 29403 Phone: (843) 329-8044 or Toll Free (866)329-8187 Web: http://www.sac.usace.army.mil/Missions/Regulatory.aspx

South Carolina Department of Natural Resources Shellfish Management Section P.O. Box 12559 - 217 Fort Johnson Rd. Charleston, SC 29422 Phone: (843) 953-9841/953-0126 Web: http://www.dnr.sc.gov/marine/shellfish/index.html

South Carolina Department of Environmental Services Bureau of Coastal Management, Wetland Section 1362 McMillan Ave., Suite 400 North Charleston, SC 29405 Phone: 843-953-0232 Web: https://des.sc.gov/programs/bureau-coastal-management
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Joint Shellfish Mariculture Application for South Carolina

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.SC Drivers 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 _____
 - 6. Has this species been previously cultivated in this waterbody (not necessarily by the applicant)? Yes _____ No _____
 - 7. What species will you grow? _____
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.**
***Effective June 2017 possession of triploid shellfish requires a permit 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: _____
 Estimated Acreage: _____
 Nearest municipality: _____
 Description: _____
 Intertidal _____ Subtidal _____ Floating _____ (check all that apply)

10. Attach an accurate 8 1/2 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. Area must meet agencies requirements, please reference "Site Selection Guidance" document for floating gear guidelines and sample drawings (We recommend several maps to show general location, with waterbodies and municipalities indicated, and a closer view to show the project boundaries).

- 11. What is the SC DES harvest classification for this proposed permit area?
 Approved _____ Conditional _____ Restricted _____ Prohibited _____

SCDNR will not normally issue a permit for mariculture unless the waters are "Approved". If you think you have a special situation please arrange to discuss this with SCDNR (843) 953-0126 and SCDES (843) 953-0232. If the harvest classification is not "Approved" you will be required to implement additional steps to insure consumer safety. You should discuss this with SCDES Shellfish Sanitation (843) 238-4378) before submitting your application.

12. Names and addresses of adjacent property owner(s) or permit holders (attach additional sheet if necessary)

Name	Address	Tax Map Number/Permit #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

NOTE: USACE requires that you notify owners of adjacent property, including marshlands, and attempt to obtain a letter of no objection. If you have received such letters please include them with your application.

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) _____

OPERATIONS PLAN

15. Quantities and type of shellfish to be grown:

Species	Size planted	Quantity	Target harvest size	Anticipated time to harvest

16. Growing system

Species	Size	Description of growing system

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

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

Applicants are advised to limit the quantity of buoys and ropes associated with your site as these represent an entanglement issue for sea turtles and marine mammals.

18. Attach sketches of your equipment/gear indicating typical dimensions. If applying for bottom gear a cross-section view should be included which shows maximum height above the bottom and estimated water depth over the device at mean high and mean low tide. If applying for floating gear a cross-section view should be included which shows depth below the gear at MLW, anchors and line positions and sizes.

19. Attach maps or sketches indicating specific placement/layout of proposed equipment/gear for grow out purposes within your proposed mariculture permit. This map should be detailed enough to evaluate whether your gear represents a hazard or restricts access to other resources. If applying for floating gear please reference "Site Selection Guidance" document for guidelines and sample drawings.

20. Method of transport and placement: _____

21. 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			

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

If so please describe the current status: _____

23. 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. _____

24. 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 and all wildstock harvest rules will apply.

Other growout plans: _____

Harvest methods: _____

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

26. 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.

27. 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.

All shellfish harvest regulations and reporting requirements apply to mariculture. The normal shellfish harvest season is typically October 1 to May 15. Additional permits must be obtained for out of season harvest. Possession of a mariculture permit does not guarantee permission to harvest out of season, as additional requirements must be met.

QUALIFICATIONS

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

In what capacity?: _____

Years engaged: _____

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

Yes _____ No _____ Please provide details: _____

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

Yes _____ No _____ Permit number(s): _____

Years held: _____

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

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

If no, who will you employ as manager? _____

Address: _____

Phone: _____

33. Equipment

Check those that apply

Trailer boats: quantity _____ size(s) _____

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

Escalator harvester _____

Upweller: landbased _____ floating _____

Other (describe) _____

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.

34. 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.

35. **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	

36. **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		

37. **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)

38. 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.

39. 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.

40. 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.

41. Are you applying for any additional USACE or BCM NWPs, general permits, or individual permits in conjunction with this project or related activities? Related activities which might require permits include but are not limited to wet storage floats, docks, piers, boat ramps, stockpiles, staging areas, or the deposition of shell material back into waters as waste.

Yes _____ No _____

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

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

43. 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 _____

The applicant shall permit the SCDES Bureau of Coastal 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 will be advertised for public notice and comment on SCDNR website as well as written public notice as required by law.

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 _____