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)

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 SCDHEC 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 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/WaterQuality/CoastalPermits/
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 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. 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 DHEC 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 SCDHEC (803) 898-4300. If the harvest classification is not “Approved” you will be required to implement additional steps to insure consumer safety. You should discuss this with SCDHEC Shellfish Sanitation (803) 898-4300 before submitting your application.
12. Names and addresses of adjacent property owner(s) or permit holders (attach additional sheet if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tax Map Number/Permit #</th>
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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:

<table>
<thead>
<tr>
<th>Species</th>
<th>Size planted</th>
<th>Quantity</th>
<th>Target harvest size</th>
<th>Anticipated time to harvest</th>
</tr>
</thead>
<tbody>
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</table>

16. Growing system

<table>
<thead>
<tr>
<th>Species</th>
<th>Size</th>
<th>Description of growing system</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Joint Shellfish Mariculture Permit Application 4 Version 2. 5/2017
17. Materials and equipment to be used on the permit area:

<table>
<thead>
<tr>
<th>Type</th>
<th>Dimensions/description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom material enhancement</td>
<td></td>
<td></td>
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<tr>
<td>(shell, alternative substrate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover nets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft bags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard cages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floating cages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anchors</td>
<td></td>
<td></td>
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<tr>
<td>Buoys</td>
<td></td>
<td></td>
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<tr>
<td>Signs</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Year</th>
<th>Season (Sp, Su, F, W)</th>
<th>Number of growing units to be added</th>
<th>Quantity of shellfish to be added</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
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<tr>
<td>5</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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
   Trailered 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**

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Quantity (cubic yards)</th>
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<tbody>
<tr>
<td>Topsoil or Dirt</td>
<td></td>
</tr>
<tr>
<td>Clean Sand</td>
<td></td>
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<tr>
<td>Mud</td>
<td></td>
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<tr>
<td>Clay</td>
<td></td>
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<tr>
<td>Gravel, Rock, or Stone</td>
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<tr>
<td>Concrete</td>
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<td>Other (describe)</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

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

<table>
<thead>
<tr>
<th>Type of Impact</th>
<th>Quantity of Impact</th>
<th>Quantity of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>acres or square feet</td>
<td>cubic yards</td>
</tr>
<tr>
<td>Filling</td>
<td></td>
<td></td>
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<tr>
<td>Backfill &amp; Bedding</td>
<td></td>
<td></td>
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<tr>
<td>Landclearing</td>
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<tr>
<td>Dredging</td>
<td></td>
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<tr>
<td>Flooding</td>
<td></td>
<td></td>
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<tr>
<td>Draining/Excavation</td>
<td></td>
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<tr>
<td>Shading</td>
<td></td>
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<tr>
<td><strong>Totals</strong></td>
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</table>

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)**

<table>
<thead>
<tr>
<th>Impact Number</th>
<th>Wetland Type</th>
<th>Purpose of Impact</th>
<th>Impact Size (acres)</th>
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<tbody>
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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 OCRM 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 OCRM 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 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 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).

PRIVACY DISCLOSURE: Personal information collected by the Department is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.
| 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 __________