Shellfish Aquaculture Operational Plan

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| *For Department of Health Use Only* |
| *Date Received* | *Reviewed by (inspector):*       | *Date:*       |
|  | *Certification Number: WA*  |       | *HA SS SP* |
| *Approved by (Supervisor):*       |  *Date:*       |

**Instructions:** Complete this form and mail it to Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824 or email it to shellfish@doh.wa.gov. Attach additional information if needed.

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| **Shellfish Operation** |
| Operation Name:        | Phone:       | Cell:       |
| Email:       | Email:       |  |
| Primary Contact Name:       | Title:       |
| Tribal Affiliation (if applicable):       |
| **Facility Address** |
| Street:        | State:       | Zip:       |
| City:       | Email:       | Fax:       |
| **Mailing Address** |
| Street:        | State:       | Zip:       |
| City:       | Email:       | Fax:       |
| **Address Where Records Are Maintained (if different from mailing address)** |
| Street:        | State:       | Zip:       |
| City:       | Email:       | Fax:       |

1. Is your aquaculture site located in growing area water or is it land based?

2. If your aquaculture structure is in growing area water, please describe the classification of your growing area water (Approved, Conditionally Approved, Prohibited or Unclassified).

3. In your opinion, does your aquaculture site have the potential to attract birds and/or mammals?

4. For aquaculture structures in waters classified as Prohibited or Unclassified, describe your process and corrective actions to ensure that the maximum seed size, as defined by [WAC 246-282-010 (24)](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-282-010), in your aquaculture structure is not exceeded.

5. Fully describe the design and activities of the aquaculture site.

6. Describe the specific site and boundaries in which shellfish aquaculture activities will be conducted. Include parcel number, slip number, GPS coordinates, or any other location identifier.

7. For aquaculture structures in growing area waters, describe the type of the aquaculture structure, including flupsys, rafts, pens, cages, nets, or floats.

8. What species of shellfish will be cultured at your aquaculture site?

9. What procedures are in place to assure that no poisonous or deleterious substances are introduced into the seed production activities?

10. Describe your mitigation or deterrent measures to minimize the potential pollution impact of birds and/or mammals.

11. What records are being kept documenting the functions of the aquaculture site?

**For Land-Based Aquaculture Sites Only**

12. What program do you have in place for the sanitation, maintenance, and supervision of your aquaculture site?

13. Describe the water source including any treatment processes or methods.

14. Describe your program to maintain water quality (including water samples and analysis, temperature and salinity monitoring).

15. If applicable, describe the data you will collect regarding the quality of food (algae or other) used at your aquaculture site.

By signing this document, you understand that you must keep your records for 2 years. You also may need an annual inspection of your aquaculture structure.

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| **Operation Representative Signature** |  | **Date Signed** |

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Shellfish Program: 360-236-3330 | shellfish@doh.wa.gov

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