



Maine Department of Environmental Protection

NOTICE OF INTENT FOR COVERAGE ATLANTIC SALMON AQUACULTURE

(For use with MEG 130000 Atlantic Salmon Aquaculture General Permit)

NOTE: Please carefully read the entire Atlantic Salmon General Permit prior to furnishing any information on this form.

For office use only
DEP ID #: _____

1. Facility Information

Name of Facility: _____ DMR Site Designation: _____

Town/City: _____ Water Body: _____

Facility Owner Name: _____

Mailing Address: _____

Daytime Telephone Number: _____ E-mail: _____

Operator Name (if different): _____

Mailing Address: _____

Daytime Phone Number: _____ E-mail: _____

2. Net Pen, Fish Rearing and Oceanographic Conditions

Type of Net Pen	Net Pen Description	Maximum Number of Each Pen Type in Use	Net Pen Dimensions (meters)	Maximum Number of Fish per Pen	Maximum Biomass of Fish per Pen (kg)	Maximum Density of Fish per Pen (kg/M ³)
1						
2						
3						
Total for Facility						

a) What is the minimum clearance from net pen to the sea floor? _____ meters.

b) What is the average current velocity? _____ cm/sec.

3. Feeding Conditions

a) What is the composition of fish feed, including additives? _____

_____.

b) What is the maximum feeding rate? _____ kg/month.

c) What is the total quantity of feed used per year? _____ kg.

d) Describe the method(s) and/or system(s) used to dispense feed and to detect the loss of uneaten feed:

_____.

4. Chemical Use (disinfectants, biocides, anti-fouling agents and similar compounds)

Name of Compound	Purpose	Quantity Used per Application	Frequency of Use

5. Medication Use

Name of Compound	Dosage	Duration of Use	Frequency of Use	Route of Administration	Prophylactic Use (Yes/No)

6. Baseline Monitoring

Has this site been used for finfish aquaculture within the last 5 years? YES NO

If NO, a NOI may not be submitted to the Department for review and approval until baseline monitoring data is submitted as required by Section II.E.2 of the General Permit.

7. Spill Prevention and Countermeasure Plan

Is a current Spill Control and Countermeasure Plan available onsite for review? YES NO

If YES, provide the date of last revision: _____.

If NO, the facility must provide the Department with an opportunity to review a current plan prior to operating the facility. See Section II.L of the General Permit.

8. Additional Submissions Required

a) Submit a site map of the leasehold area which contains the following information:

- lease boundaries
- location of mooring systems
- location of support platforms
- configuration and location of net pens
- proposed net pen and reference site sampling locations and GPS coordinates
- direction of prevailing currents
- local landmarks
- representative water depths (as MLW)

b) Submit evidence of an existing leasehold or completed application for a leasehold from the Maine Department of Marine Resources.

c) Submit evidence of the facility's permit from the U.S. Army Corps of Engineers.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Additionally, by signing below, I certify that (1) notice of this application has been made by publication in the _____ newspaper on or about _____; (2) notice and a copy of this application have been provided to the clerk of the municipality(ies) or County Commissioners where the discharge is located; and (3) I have read and understand the Maine Department of Environmental Protection Atlantic Salmon Aquaculture General Permit MEG130000, and the facility described in this Notice of Intent will comply with the terms and conditions therein. The forgoing steps have been taken in accordance with the instructions attached to this application and the provisions of Chapter 529 of the Department's rules.

By:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Assisting Parties. If the applicant has been assisted in preparing this application, the person assisting must sign below.

Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Affiliation: _____

Address: _____

Town: _____ State: _____ Zip: _____

Professional Registration or Certification: _____