

REQUEST FOR CONSERVATION CLOSURES / OPENINGS

“Prior to closing or opening an area of a municipality to shellfish harvesting the municipality shall review the status of the resource affected and secure the recommendation of the DMR area biologist and the approval of the commissioner.” **Maine DMR Regulation 7.50**

The following steps should be followed to gain the approval of the Commissioner in a timely manner.

PROCEDURE

1. Contact the Area biologist responsible for your town.
His or her agreement will be required for any conservation action proposed by the municipality. (See the last page for your Area Biologist)
2. Fill out the application on the following page.
3. Submit the completed application, *at least 20 Business Days Prior* to the requested date, to the appropriate area biologist by one of the following methods:

A. By Mail (USPS): Mail the completed form to the address listed below

Angel Wilson
Shellfish Management Program,
P.O. Box 8
West Boothbay Harbor Maine 04575-0008

B. Save the form on your computer with a distinctive name.

(Example the town of Myaville might be saved as “Myaville-conservation01-02-10”)

C. Send the completed form electronically to:

DMRPublicHeathDiv@maine.gov
Tel/Fax: 207-633-9515 / 207-633-9579

Advertising must be done no less than 5 business days prior to the scheduled event. Proof of advertising must be forwarded to the department.

REQUEST FOR CONSERVATION CLOSURES / OPENINGS

To: AREA BIOLOGIST _____ Date: ____/____/____

FROM: _____

ORDINANCE SHELLFISH SPECIES TO BE INCLUDED IN
CLOSURE _____

The town of _____ requests approval of the Commissioner of the
DMR to open close the following shellfish area: _____

Contact Person for the town:

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____

Please write the description of the boundaries of the area and attach a map showing the area:

PLEASE ANSWER THE FOLLOWING:

1. What is the State of Maine DMR Water Quality classification of the growing area?
Conditional Area

Approved (Open) Prohibited (Closed) Restricted (Depuration)

2. Who will enforce this conservation action?

3. How will people (harvesters and others) be notified of the action?: **A copy of the notification being posted MUST be forwarded to DMR.**

4. FOR CLOSURES

Start Date: ____/____/____ End Date: ____/____/____

(Including an end date means you do not have to request an opening of the area)

Reason for closing the area:

a. Small natural clams b. Winter digging c. Flat Rotation

d. Clam seeding

e. Other _____

5. FOR OPENINGS

Requested opening date: ____/____/____

Requested Close date: ____/____/____