

TOWN OF WELLFLEET
Annual Report of Shellfish Activity

Grant License Location

Name(s)

Grant number

Address

Seed Permit number

Phone number

E-mail address

A. Oysters

1. Number of bushel of seed planted
2. Source of seed
 - a. Local wild stock
 - b. Imported wild stock
 - c. Hatchery stock
 - d. Name and address of source, if not local
3. Number of bushels mature shellfish removed
4. Value of shellfish removed (optional)
5. Number of bushels of shellfish remaining on bed
6. Estimated value of shellfish remaining on bed (optional)

B. Quahogs

1. Number of seed planted
2. Source of seed
 - a. Hatchery name and address
3. Number of mature shellfish removed
4. Value of shellfish removed (optional)

5. Number of shellfish remaining on bed _____

6. Estimated value of shellfish remaining on bed (optional) _____

C. Other

1. Type _____

2. Number of bushel removed _____

3. Value (optional) _____

D. Adult Stock/Wild Harvest/Wet Storage

1. Oysters _____

2. Quahogs _____

3. Other _____

I (We), the undersigned, do hereby certify under the penalties of perjury that the information contained in this report is a true and valid presentation of grant activities as required by Chapter 130, Section 65, M.G.L.A.

Date

Licensee/s

Address

I certify that, based on an inspection conducted by me on the above, the estimates of the number of bushels remaining on the bed and the estimated value of shellfish on the bed are reasonably accurate.

Shellfish Constable

Date

5-YEAR PLAN

Grant # _____

Name _____

Location _____

I. Types of Shellfish to be raised

II Method of Propagation

III. Means of Access

IV. Equipment to be used