

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FISH AND GAME
DIVISION OF MARINE FISHERIES

**SUPPLEMENTAL APPLICATION (FORM 2) FOR
A MUNICIPAL CONTAMINATED SHELLFISH TRANSPLANT PERMIT**

Municipality: Wellfleet
Responsible Party: JOHN MANKEVETCH Title: ASST. SHELLFISH CONSTABLE
Mailing Address: 300 MAIN ST. Street: _____
City: WELLFLEET State: MA Zip Code: 02667
Email Address: nancy.civetta@wellfleet-ma.gov
Office phone #: 508-349-0325 Mobile phone #: 508-962-0691
Who will supervise the transplanting in the receiving municipality? JOHN MANKEVETCH
Title: _____ Office phone #: _____ Mobile phone #: _____
Email Address: _____ ALL SAME AS ABOVE

1. What species will be transplanted from a contaminated area:
 - a. Species: ___ Soft shell clams Quahogs ___ Oysters ___ Other (_____)
 - b. Size of shellfish to be transplanted: ___ Seed ___ Adult Both
 - c. The proposed transplant site will be clearly posted as closed on APRIL 30, 2024
2. For sources of contaminated shellfish other than the Taunton River* indicate the municipality, exact location of harvest site(s) and a map must be included.
Name of Harvest site: _____ DSGA number: _____
Description of harvest site:

*If the source of the contaminated shellfish is the Taunton River, the **supervising authority** of the harvest and landing of shellfish prior to transport to the transplant site will be the **Swansea Shellfish Department**.

3. Location of receiving area including town, exact location and detailed description of transplant receiving site (**must include map**). RECREATIONAL AREA
#4 Name of Relay Site: INDIAN NECK DSGA number: CCB11
Detailed description of Relay Site:
3 CHIPMAN'S COVE SOUTH SIDE MARINA CCB13.2
2 CHIPMAN'S COVE WEST SIDE CCB13
1 CHIPMAN'S COVE EAST SIDE CCB13
SEE ATTACHED MAPS
4. If non-Taunton River transplants, has a shellfish pathology been completed? Yes ___ No ___
If yes, please attach a copy of the report.

5. Number of bushels or other units to be transplanted: 1,000 bushels
Other units (describe): _____

6. Anticipated transplant dates MAY 1 - JUNE 14, 2024

7. Expected date of harvest after natural depuration in receiving area: INDIAN NECK: 60 DAYS FROM DEPLOYMENT DATE / CHIPMAN'S COVE AREAS: OCT. 27, 2024

8. The permit holder shall maintain a daily list of individuals involved in the contaminated transplant. The following boat(s) are to be used for the harvest operation:

Name	Registration #	Hull color	Owner & Address
<u>F/V OCEAN RANCHER</u>	<u>595899</u>	<u>BLACK</u>	<u>BRUCE WOHAM</u> <u>POB 291</u> <u>FAIRHAVEN, MA 02719</u>

9. How will the shellfish be conveyed from the harvest site to the transplant site?

VEHICLES

Make & Model	Registration #	Color	Owner & Address
<u>FORD F450 DUMP TRUCK</u>	<u>TOWN OF WELLFLEET DPW</u>	<u>GREEN</u>	<u>TOWN OF WELLFLEET DPW</u> <u>220 W. MAIN ST. WELLFLEET MA 02667</u>

Vessel Name	Registration #	Hull Color	Owner & Address
<u>BARGE</u>	<u>MS2019TW</u>	<u>WHITE</u>	<u>TOWN OF WELLFLEET SHELLFISH DEPT.</u> <u>300 MAIN ST. WELLFLEET MA 02667</u>

10. Have you ever been convicted of any violation of the laws relating to Marine Fish or Fisheries within one calendar year preceding the date of the application? Yes No

I AM ACQUAINTED WITH THE RULES AND REGULATIONS PERTAINING TO THE USE OF THIS PERMIT AND AGREE TO COMPLY THEREWITH AND WILL NOTIFY THE DIRECTOR OF MARINE FISHERIES OR THE SHELLFISH SANITATION AND MANAGEMENT PROGRAM BIOLOGISTS IMMEDIATELY OF ANY CHANGES. ALL INFORMATION FURNISHED FROM THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant: [Signature] Title: ASST. SHELLFISH CONSTABLE
Date of application: 4.2.2024

***FORWARD APPLICATION TO:

Matt Camisa
Division of Marine Fisheries
706 South Rodney French Boulevard
New Bedford, MA 02740

TELEPHONE INQUIRIES: 508-990-9743 ATTN: Matt Camisa
SPECIAL SHELLFISH SUPPLEMENTAL FORM 2 (Revised 3/15/2024)

*Taunton River relays: Harvest site and pathology testing is determined by Mass. DMF. Regulations governing Taunton River relay Contaminated Shellfish Transplant Fees are found at 322 CMR 16.08 (6). The receiving municipality shall remit to the Division a fee of \$1.00 for each bushel harvested to be transferred by the Division to the source municipality.