AQ-Fish Producer (rev-6/15)

**Application for Fish Aquaculture Production**

**Company, Educational Institute, or Applicant Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant’s Name: |  | Contact Person: |  |  |
| Company or Institutional Name: |  |  |
| Mailing Address: |  | Town: |  | Zip Code: |  |  |
| Address or location of facility or operation: |  |  |
| Town: |  | Zip Code: |  |  |
| Telephone: |  | E-Mail: |  |  |
| Federal Employer Identification Number: |  |  |
| Application Type: |[ ]  New |[ ]  Renewal |[ ]  Addendum (change from original application) |  |
| Purpose: |[ ]  Commercial |[ ]  Research |[ ]  Educational |[ ]  Other (Explain) |  |  |
| Are the fish being raised for food?1 |[ ]  Yes |[ ]  No |  |
| If Yes, have you registered with the US Dept. of Health and Human Services / FDA? |[ ]  Yes |[ ]  No |
| DHHS/FDA Food Facility Registration Number: |  |  |
| Have you spoken with the town where the facility will operate? |[ ]  Yes |[ ]  No |  |
|  |  |  |

**Aquaculture Operational Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Operation: |[ ]  Hatchery |[ ]  Eggs/Roe for wholesale |[ ]  Fingerlings for wholesale |
|  |[ ]  Growout |[ ]  Ornamental |[ ]  Stocking (Private) |[ ]  Stocking (Public) |
|  |  |  |[ ]  Adults for wholesale |[ ]  Baitfish |
|  |[ ]  Holding | * Temporarily holding fish for re-sale (not growing out)
 |
|  |  |  |  |  |  |  |  |
| Type of System: |[ ]  Earthen Pond |[ ]  Dirt |[ ]  Lined |[ ]  Enclosed (in a building) |
|  |[ ]  Flow Through |[ ]  Complete |[ ]  Partial Recirculating |
|  |[ ]  Closed |[ ]  RAS |[ ]  Aquaponics\* |  |
|  |[ ]  Enclosures – |[ ]  Lake,  |  | Name: |  |  |
|  |  | Pens / Nets |  | Pond |  |  |  |
|  |[ ]  Other | * Explain:
 |  |  |
|  | \*Aquaponics (describe): |  |  |
|  |  |  |  |  |  |  |  |
| Total Number and Size of: | Number | Size (gals, acres, or dimensions) |  | Number | Size (gals, dimensions) |
|  |[ ]  Ponds: |  |  |  |  |[ ]  Incubator Trays: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |[ ]  Tanks: |  |  |  |  |[ ]  Pens / Cages |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |[ ]  Raceways: |  |  |  |  |[ ]  Other: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1If you are producing fish for human consumption, you must be registered with the FDA. Registration can be obtained at <http://www.fda.gov/Food/GuidanceRegulation/FoodFacilityRegistration/ucm2006832.htm>

**Species Details:**

|  |  |  |
| --- | --- | --- |
| What species are being cultured? | (Please be specific and include Common Name, Scientific Name, and any Strain) |  |
| 1. Common Name: |  | Scientific Name: |  | Strain: |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
|  |
| Importing from outside CT? : |[ ]  Yes |[ ]  No |  |
|  | What are you importing? : |[ ]  Eggs |[ ]  Stockers - What size? |  |[ ]  Brood stock |
|  | Source: | Company Name: |  |  |
|  |  | Address: |  | State: |  | Zip Code: |  |  |
|  |  | Phone Number: |  |  |  |  |
|  |  | Website: |  |  |  |
|  | Have you contacted the DEEP about permits and the species being imported? |[ ]  Yes |[ ]  No |  |
|  | Does the company have three years of fish health records? |[ ]  Yes |[ ]  No |  |

**Feed Details:**

|  |  |  |
| --- | --- | --- |
| Feed Type, Size, and Ingredients: |  |  |
|  |  |  |
|  | Company Name: |  |  |
|  | Address: |  | State: |  | Zip Code: |  |  |
|  |  |  |  |  |  |  |  |

**Source of Production Water:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |[ ]  Municipal | Have you spoken to the municipal water authority? |[ ]  Yes |[ ]  No |  |
|  |[ ]  Well | Tested for? : |[ ]  Quality (contaminants) |[ ]  Quantity (gallons/minute) |  |
|  |[ ]  Ocean / Sound | Name of waterbody: |  |  |
|  |[ ]  Lake / Pond / River | Name of waterbody: |  |  |
|  | Treatment of Source water: |[ ]  Screening |[ ]  Filters, Describe: |  |[ ]  UV |  |  |
|  |  |[ ]  De-Chlorination |[ ]  Ozone |[ ]  Other:  |  |  |
|  | Have you contacted the DEEP Water Diversion Program?\* |[ ]  Yes |[ ]  No |  |
|  | What is your daily withdrawal volume? |  | Gallons Per Day (GPD) |  |  |
|  | \*Withdrawals of 50,000 GPD from ground or surface waters requires a diversion permit. |  |
|  |  |  |  |  |  |  |  |  |

**Effluent and Solid Waste:**

|  |  |  |
| --- | --- | --- |
| Solid Waste: | (Please estimate amount of waste based on industry standards for tanks, species, size and number of fish for the facility) |  |
|  | Daily amount: |  | Collection frequency: |[ ]  Daily |[ ]  Other: |  |  |
|  | Disposal plan: |[ ]  Compost (on-site) | Will it be contained and covered? |[ ]  Yes |[ ]  No |  |
|  |  |[ ]  Compost (short-term, sold, agricultural use) | Contained / covered? |[ ]  Yes |[ ]  No |
|  |  |[ ]  Municipal waste collection | Have notified the municipality? |[ ]  Yes |[ ]  No |
|  |  |[ ]  Contracted waste collection | Company Name: |  |  |
|  |  |[ ]  Other | Explain: |  |  |
|  |  |  |  |  |  |  |
| Effluent: |  | Daily Volume: |  | GPD |  |  |
|  | Describe the quality: (Describe nature and type of materials discharged): |  |  |
|  |  |  |
|  | Frequency of Discharge: |[ ]  Continuous |[ ]  Other: | Explain: |  |  |
|  |  |  |
|  | Effluent Treatment prior to discharge: | (Check all that apply) |  |  |
|  |  | [ ]  | Settling tank or pond | Details: |  |  |
|  |  |[ ]  Filter: | What type? |[ ]  Bio-filter |[ ]  Drum |[ ]  Sand |[ ]  Other: |  |  |
|  |  |[ ]  Foam Fractionation |[ ]  Other protein removal  | Explain: |  |  |
|  |  |[ ]  Disinfection: |[ ]  Ultra Violet (UV) |[ ]  Ozone |[ ]  Chlorine |[ ]  Other: |  |  |
|  |  |[ ]  Other treatment | Explain: |  |  |
|  | Where will the effluent be discharged? |  |  |
|  |  |[ ]  Municipal Waste Water plant | Name: |  |  |
|  |  |  | Have you contacted the waste water treatment facility? |[ ]  Yes |[ ]  No |  |
|  |  |[ ]  Contained on site | Explain: |  |  |
|  |  |[ ]  Water body | Name: |  |  |
|  |  |  |  |  |  |  |
|  | Does the facility have a biosecurity and escapement prevention plan? |[ ]  Yes |[ ]  No |  |
|  |  | What is being used to stop fish and their diseases from leaving the facility? | (Check all that apply) |  |
|  |  |  |[ ]  Screening |[ ]  Micro-Screening |[ ]  UV |[ ]  Ozone |[ ]  Chlorine |  |  |
|  |  |  |[ ]  Other | Explain: |  |  |
|  | Have you contacted the CT DEEP Bureau of Waste Management and Compliance Assurance Permitting Division about your effluent?\* |[ ]  Yes |[ ]  No |
|  | \*The DEEP will need to evaluate your effluent discharge plans and determine what may be required. |

**Therapeutant and Aquaculture Drugs:**

|  |  |  |
| --- | --- | --- |
| Have you researched the known diseases and parasites for each species being cultured? |[ ]  Yes |[ ]  No |
| Have you determined the treatment for each disease or parasite? |[ ]  Yes |[ ]  No |  |
| What Therapeutant or Drug will be used? | (Please list) |  |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
| Are the Therapeutant or Drugs on the list accepted by the DHHS/FDA? |[ ]  Yes |[ ]  No |  |
|  | If No, Explain: |  |  |
| Have you contacted an aquaculture veterinarian? |[ ]  Yes |[ ]  No |  |

**Product or Crop Final Disposition: (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|[ ]  Live |[ ]  Private Stocking |[ ]  Public Stocking |[ ]  Fillets |[ ]  Whole Gutted |  |
|[ ]  Other | Explain: |  |  |
| Method of Slaughter: |  |  |
| Product or Crop Use: |[ ]  Processor |[ ]  Wholesaler |[ ]  Retail |[ ]  Restaurant |[ ]  Broker/Agent |
|  |[ ]  Other | Explain: |  |  |
| List all purchasers of the product: |  |  |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
| Are you going to process the fish yourself? |[ ]  Yes |[ ]  No |
| Do you have a food manufacturing facility?  |[ ]  Yes |[ ]  No |
|  | Address: |  | Town: |  | Zip Code: |  |  |
| If you are planning to process the fish yourself, the facility requires a food manufacturing permit and sanitary inspection. |
| Have you contacted CT Dept. of Consumer Protection, Food and Standards Division for a permit and an inspection? |[ ]  Yes |[ ]  No |

I, hereby apply for the above permit and certify that the information herein is true and correct to the best of my knowledge, information, and belief.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Submit with the Application: |  |  |  |  |  |  |
|  |[ ]  Application Fee of $130.00 – Make check payable to COMMISSIONER OF AGRICULTURE |  |
|  |[ ]  Detailed Facility Diagram / Plan / Schematic |  |
|  |[ ]  Seafood HACCP Certification (for facilities producing fish for human consumption) |  |
|  |[ ]  HACCP Plan for Aquaculture Production and Processing (for facilities producing fish for human consumption) |  |
|  |[ ]  Standard Operating Procedures (SOP) |  |
|  |[ ]  Best Management Practices (BMP) for Aquaculture Production |  |
|  |[ ]  Solid Waste Disposal Plan |  |
|  |[ ]  Biosecurity Plan |  |
|  |[ ]  Escapement Prevention Plan |  |
|  |  |  |  |  |  |  |  |  |
| * The applicant is responsible to have all the necessary permits and comply with all applicable health and environmental laws, regulations, and policies.
 |
| * After the initial application review, an inspection of the facility is required before the permit is issued. A site inspection for a new facility may be needed prior to construction. The applicant shall allow the Department to inspect the facility, equipment, and fish at reasonable hours.
* The applicant must notify the Department of any significant changes to the species of fish or the facility after the permit is issued by filling out this application, checking Addendum, and highlighting all changes.
* The applicant must renew their Fish Aquaculture Production License annually by submitting this application and checking Renewal.
* Please contact the Bureau of Aquaculture with any questions related to this application, the application process, and questions about conducting fish aquaculture in Connecticut. Please make inquiries to by email, Lori.scianna@ct.gov , or phone (203) 874-0696.
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|  |
| Submit Fee, Application, Operational Narrative and Attachment s to: |
| David H. Carey, DirectorConnecticut Department of AgricultureBureau of Aquaculture and LaboratoryP.O. Box 97Milford, CT 06460Phone: (203) 874-0696 Fax: (203) 783-9976 |