



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
Bureau of Aquaculture and Laboratory



APPLICATION FOR AQUACULTURE OPERATIONS

Applicant's Name: _____ Company: _____

Mailing Address: _____ Phone: _____

Location of aquaculture facility/operation: _____

Purpose: Commercial _____ Research _____ Educational _____ Other (explain) _____

Species: _____

Activity: Hatchery _____ Growout _____ Holding _____

System: Pond _____ Flow Through _____ Closed _____

Other (explain) _____

Total Number of-

- a). Ponds _____
- b). Tanks _____
- c). Raceways _____
- d). Incubator Trays _____
- e). Pens/Cages _____
- f). Other (explain): _____

Feed Type and ingredients _____

Source (Company and Location) _____

Importation of eggs, seed, stockers/broodstock: YES _____ NO _____

Source (Company and Location) _____

Theraputants/Drug Use: YES _____ NO _____

List: _____

Source of Intake Water: _____

Approximate Volume _____ GPD

Pretreatment (physical/chemical) describe: _____

Name and Location of Waters Receiving Discharge (effluent) _____

Approximate Volume _____ GPD

Frequency of Discharge: Continuous _____ Other (explain): _____

Type of Treatment (physical/chemical) describe: _____

