Shellfish Wet Storage Plan of Operations

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| *For Department of Health Use Only* |
| *Date Received* | *Reviewed by (signature of inspector):* |       |
| *Certification Number:* | *WA* |       | *SP* |
| *Approval Date:* |       |
| *Approved by:* |       |

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| **Instructions:** Complete this form and mail it to Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824 or email it to shellfish@doh.wa.gov. Attach additional information if needed. |
| Company Information |
| Company Name:        | Phone:       | Cell:       |
| Owner/Manager       |  | Fax:       |
| Email:       | Certification #:       |
| Mailing Address |
| Street:        | State:       | Zip:       |
| City:       |  | Fax:       |
| Facility Address (if different from mailing address) |
| Street:        | State:       | Zip:       |
| City:       |  | Fax:       |
| Address Where Records Are Maintained (if different from mailing address) |
| Street:        | State:       | Zip:       |
| City:       |  | Fax:       |

**1**. List all species of live shellfish that your company intends to wet store. Check each species that applies.

**[ ]** Oysters **[ ]** Clams **[ ]** Scallops **[ ]** Mussels **[ ]** Geoducks

Other Shellfish Species:

**2**. What type of wet storage system does your firm use or intend to use? List number and comment if you have them in different growing areas or parcels.

**[ ]** Near shore sink floats:

**[ ]** Near shore baskets:

**[ ]** Near shore sacks or bags:

**[ ]** Near shore cages:

**[ ]** Onshore tanks. (Recirculating or Flow through) How many?

# A. General Questions of Your Wet Storage

(Mark N/A for questions that are not applicable)

1. Provide a complete description of your firm’s wet storage system(s) and procedures:

2. The purpose of your firm’s wet storage is to:

3. The length of time shellstock is held in wet storage:

4. Describe what happens after shellstock is removed from the wet storage site(s) or tank system?

5. If shellfish are held in a growing area, how long are shellstock held exposed at intertidal wet storage sites?

Summer time:       Winter time:       N/A **[ ]**

6. When shellfish are exposed during the summer time, does the beach have any natural elements that minimize exposure to the sun? Yes **[ ]** No **[ ]** N/A **[ ]**

If yes, explain:

7. If you wet store on a beach and not in manmade tanks, describe your firm’s method to assure that shellfish lots harvested from different harvest sites and NSSP Growing Areas are not commingled in onshore or near shore sites. Include a photograph of the site.

8. List all your wet storage sites using NSSP Growing Area Waters below. These sites must be certified on your Harvest Site Certificate. This would include sites used for beach wet storage, flow through tank wet storage, and if you use growing area in your re-circulating tanks. If the site is not present on your Harvest Site Certification, fill out the Harvest Site Application, see <https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/HarvestSite>.

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| --- | --- | --- | --- |
| **Parcel #** | **Owner** | **Growing Area Name** | **Classification** |
|       |       |       |       |
|       |       |       |       |
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# B. Sink Floats

1. Does your company have a sink float to store shellfish in after they have been harvested?

Yes **[ ]** (continue answering questions in this section)No **[ ]** (skip to section C)

2. What materials is your sink float constructed of:

3. How often do you clean your sink float?

4. Describe your sink float. What is the depth of the emergence of your shellfish in the sink float?

5. Describe any barriers you have in place to discourage pests such as birds, seals, etc. from contaminating stored shellfish in your sink float.

6. On a Topo or Geographic reference map, with section, township, and range shown, clearly mark each location of wet storage site parcels, with a Site ID, and write driving directions to each site and include it with this application.

# C. Wet Storage Records

Describe your wet storage record keeping method for tracking: species, quantity, growing area, harvest site, lot identification, date in wet storage and date out of wet storage. Include a copy of this record when submitting your completed wet storage plan.

# D. Shore Based Man Made Tank Wet Storage Only

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| General Permitted Wet Storage |
| 1. Do you use holding tanks on land for wet storage? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Wet storage address:       |
| 2. If using a tank system, are bivalve mollusks commingled with other bi-valve species in the same tank? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 3. If using a tank system, are bivalve mollusks commingled with other species from different harvest sites?  | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 4. If using a tank system, are non-bivalve mollusks commingled with bi-valve species in the same tank? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 5. Are tanks and wet stored products protected from contamination sources? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Permitted Flow Through Tank System Located in an Approved Growing Area |
| 6. Do you use a flow through system? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 7. Is the material used in the construction of your tanks easily cleanable and safe? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 8. Is the flow-through system designed as a continuous flow through design? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 9. Do you understand that upon approval, the flow-through operation must be listed on the Harvest Site Certificate for closure notification for the growing area waters used? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 10. Have you designed wet storage records that are complete, which show that individual lots of shellstock in wet storage can be traced back to the original harvest area? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Permitted Re-Circulating Tank System in a Shellfish Facility |
| 11. Do you use a recirculating system? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 12. Do you make artificial seawater with food grade chemicals? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 13. Will you be using Growing Area Water from an approved source? Upon approval, the growing area site must be listed on the Harvest Site Certificate for closure notification for the growing area waters used. | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 14. Does the recirculating system have a filter and UV light disinfection system? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 15. For recirculating systems; has a water treatment effectiveness study been completed with records on file? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 16. Do you use an approved laboratory to test water samples from your re-circulating systems? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Which laboratory?       |
| 17. Do you have a written, cleaning, sanitizing, and maintenance plan for your system? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 18. Does the recirculating system have a filter and UV light disinfection system? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 19. Is the material used in the construction of your tanks easily cleanable and safe? | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| 20. Have you designed wet storage records that are complete, which show that individual lots of shellstock in wet storage that can be traced back to the original harvest area? | Yes **[ ]** No **[ ]** N/A **[ ]**  |

# E. System Design

Attach a system design showing tanks, component layout scheme, and construction materials.

# F. Company Manager/Owner

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| --- |
| Print Name:       |
| Title:       |
| Signature:       | Date:       |

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| *For Department of Health Use Only – Review of Wet Storage Plan of Operations* |
| Company Name:       |
| Certification Number: ­­­­­­­­­­­­­­­­­­­      |
| **NSSP Growing Area Waters Wet Storage Site Review** |
| Application received for Wet Storage Site provided on date:       Initials:       |
| Harvest Site Application required? Yes **[ ]** No **[ ]** N/A **[ ]**  |
| Application checklist attached? Yes **[ ]** No **[ ]**  |
| CAAMP required? Yes **[ ]** No **[ ]** CAAMP Mailed       CAAMP Received Date:       |
| Certificate Updated **[ ]** HSC No Change **[ ]** Manmade Water **[ ]**  |
| Approved **[ ]** Not Approved **[ ]**  |
| Final Reviewed by HSC Lead:       | Date:       |
| **Inspector Review of Applicant’s Wet Storage**  |
| Applicant’s Plan is complete, and in compliance, on date:       Initials:       |
| Facility & Records Inspection required? Yes **[ ]** No **[ ]** Inspection Date:       Initials:       |
| Permit required? Yes **[ ]** No **[ ]**  Approved **[ ]**  Not Approved **[ ]**  |
| Attachment included of the system design? Approved **[ ]**  Not Approved **[ ]** N/A **[ ]**  |
| Map included which shows wet storage location? Approved **[ ]**  Not Approved **[ ]**  |
| Photograph of the site at low tide or tank system? Approved **[ ]**  Not Approved **[ ]** N/A **[ ]**  |
| Recirculating tank validation study satisfactory on:       |
| Reviewed by Assigned Inspector:       | Date:       |
| Reviewed by Wet Storage Coordinator:       | Date:       |
| Supervisor/Manager Approval Signature:       | Date:       |
|  |
| Wet Storage Plan and Application Comments: | Date | Initials |
|       |       |       |
|       |       |       |
|       |       |       |

DOH 332-162 September 2019 – Shellfish Program: 360-236-3330 | shellfish@doh.wa.gov

For people with disabilities, this is available in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY call 711).