

**Boat Sewage Pumpout Station Application for
Operation and Maintenance (O&M) Funding**

Date: _____

Mail To:
NH Dept of Environmental Services
ATTN: Teresa Ptak
29 Hazen Drive PO Box 95
Concord, NH 03302-0095

Or Fax To: (603) 271-7894
(ATTN: Teresa Ptak)

Marina Information

Marina Name: _____

Name of Authorized Representative: _____

Mailing Address: _____

Marina Physical Address: _____ (if different)

Town, State, Zip: _____

Phone Number: _____

Operating hours & days of operation of the pumpout _____

Fee currently being charged for a pumpout _____

Fee to be charged if application is approved _____

Depth of water at the pumpout _____

Portable toilet disposal? Yes _____ No _____

Off season operation? Yes _____ No _____

Limited overhead clearance? Yes _____ No _____

Agreement

As the authorized representative of the above-named marina, I hereby apply for O&M Funds from the Pumpout Station Operation and Maintenance Funding Program. By signing below, I certify that I will comply with all terms and conditions of the grant agreement if O&M Funds are provided. I understand that approval is contingent upon availability of funds and review by the Department of Environmental Services. Further documents will be requested for final approval.

Signature

Printed Name

DES Approval

Approved by: _____

Clean Vessel Act Program

Date

Program Coordinator: Teresa Ptak (603) 271-8803 or Teresa.Ptak@des.nh.gov

Program Manager: Jody Connor (603) 271-3414 or Jody.Connor@des.nh.gov

Date Received: _____ (stamp)