

COMPLETE & MAIL PRIOR TO APRIL 15, 2020

Scanned copies also encouraged to: celeste.anderson@maryland.gov

**2020 PUMPOUT OPERATIONS & MAINTENANCE
GRANT APPLICATION**

Marina Name and Address:

Name(s) of Marina Owner(s):

Name of Contact Person (if different):

Pumpout operation dates, days, and hours:

Telephone Number:

Fax Number:

Email Address:

Pumpout is (circle):

Self-Service

Staff Performs Pumpouts

Fee currently being charged for a pumpout?

(NO MORE THAN \$5.00)

\$ _____

Fee to be charged if application is approved?

(NO MORE THAN \$5.00)

\$ _____

Depth of water at the pumpout?

Portable toilet disposal provided?

(Yes) or (No)

Off-season operation?

(Yes) or (No)

Limited overhead clearance?

(Yes) or (No)

Official DNR pumpout sign posted?

(Yes) or (No)

AGREEMENT:

As the owner or authorized representative of the above marina, I hereby agree to the Terms and Conditions contained in the 2020 Pumpout Operations and Maintenance Grant Agreement.

Printed Name

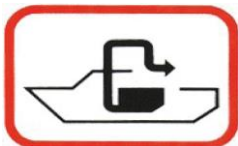
Signature & Date

DNR APPROVAL:

Grant Administrator

Date Approved

Approved for legal sufficiency by the Office of the Attorney General 1/07



**COMPLETE & MAIL TO:
PRIOR TO APRIL 15, 2020**

Pumpout Program
Chesapeake and Coastal Service
580 Taylor Avenue, E-2
Annapolis, MD 21401

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DNR USE ONLY

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Mail List

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