

12. PROJECT DESCRIPTION:

- a) Type of system (stationary, caddy) _____
 - b) Type of pump (diaphragm, vacuum, peristaltic) _____
 - c) Manufacturer and vendor of the system _____
 - d) Waste receptacle (holding tank, sewer connection) _____
 - e) Operation plan for the facility (self serve, marina operated, hours of operation, any restrictions) _____
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13. FACILITY OPERATIONAL INFORMATION:

- a) Hours of operation _____
- b) Cost of service _____
- c) Self serve of marina operated _____
- d) Emergency contact if system fails _____

By signing below, I certify that the information contained in this application is accurate and that I will abide by the standard conditions for the Maine Pumpout Grant Program.

Signed _____ Owner/operator

ARE YOU INTERESTED IN A FLAG TO ADVERTISE YOUR PUMPOUT STATION? Y / N

ARE YOU INTERESTED IN DECALS FOR YOUR PUMPOUT STATION? Y / N

ARE YOU INTERESTED IN DISTRIBUTING INFORMATION PACKAGES TO BOATERS? Y / N

WOULD YOU LIKE TO PROVIDE THE DEP WITH INFORMATION AND/OR COUPONS TO BE INCLUDED IN OUR INFORMATION PACKAGES FOR BOATERS? Y / N

* Additional record keeping is required to receive operations and maintenance grant money. See Guidelines

** Please see supplemental materials for permit required activities