

ARKANSAS DEPARTMENT OF HEALTH  
Environmental Health Protection  
4815 West Markham Street  
Little Rock, AR 72205

**MARINE VESSEL EXAMINERS REPORT**

Marine Sanitation Vessel Approval Decal: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Present at time of inspection: Owner/ Marina Operator/ Signature: \_\_\_\_\_

Name of the Vessel \_\_\_\_\_ Hull Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Year/Model/Length: \_\_\_\_\_

Lake: \_\_\_\_\_ Marina: \_\_\_\_\_

Dock: \_\_\_\_\_ Slip: \_\_\_\_\_

Type of Vessel: Houseboat Party Barge Cruiser Sailboat Other \_\_\_\_\_

**SANITATION SYSTEM DATA**

Number of Heads: \_\_\_\_\_ Number of Holding Tanks: \_\_\_\_\_ Gallons: \_\_\_\_\_

Holding Tank Material: \_\_\_\_\_ Pumpout Plate Location: \_\_\_\_\_

Y-Valve Locations: \_\_\_\_\_ Y-Valve Seal Number: \_\_\_\_\_

**Vessel In Compliance With "NO-DISCHARGE"-Act 1774 of 2003** YES  NO

RECOMMENDATIONS:

Vessel Examiner: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_