

APPLICATION FOR FEDERAL FUNDS

CLEAN VESSEL ACT – MARINE SEWAGE PUMPOUT GRANT PROGRAM

MARINA NAME _____ OWNER/MANAGER _____

ADDRESS _____

LOCATION _____

(RESERVOIR, WATERWAY, etc.)

NUMBER OF VESSELS AT FACILITY WITH ON-BOARD SEWAGE DISPOSAL UNITS _____

NUMBER OF SEWAGE PUMP-OUT UNITS AT FACILITY _____

CAPACITY OF PUMP-OUT UNIT IF ON HOLDING TANK _____

AGE OF PUMP-OUT UNIT _____ CONDITION _____

PUMP-OUT UNIT OPERATIONAL? YES NO

OF VESSELS WITH PORTABLE TOILET DISPOSAL UNITS _____

PORTABLE TOILET DISPOSAL UNITS OPERATIONAL? YES NO

IS RESERVOIR/WATERWAY A PUBLIC WATER SUPPLY? YES NO

IS RESERVOIR/WATERWAY UTILIZED AS A PRIVATE WATER SUPPLY?
 YES NO

IS PUBLIC SWIM BEACH LOCATED AT OR NEAR MARINA? YES NO

RECEIVED FEDERAL ASSISTANCE UNDER THIS GRANT PROGRAM PREVIOUSLY?
 YES NO _____ DATE

TYPE OF EQUIPMENT _____

MANUFACTURER _____

TOTAL COST OF EQUIPMENT AND INSTALLATION _____

PLEASE RETURN TO:
THOMAS L. JONES-SLOT 46
ARKANSAS DEPARTMENT OF HEALTH
4815 WEST MARKHAM
LITTLE ROCK, AR 72205

