

**PROPOSAL SUBMISSION FORM
SOUTH CAROLINA CLEAN VESSAL ACT
PUMPOUT GRANT PROGRAM**

**South Carolina Department of Natural Resources
Marine Resources Division**

1. Facility Name: _____

2. Contact Person: _____ Phone: _____

Email: _____

3. Marina Address: _____

City/State/Zip: _____

Web Site: _____

4. Name of waterbody the facility is on or adjacent to: _____

GPS coordinates for facility: _____

5. Facility Owner: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

6. Project Description:

Portable Pumpout Station

Fixed Pumpout Station

Boat-Mounted System

Portable Toilet Dump Station

Expansion/Improvement/Renovation of Existing Service

7. Explain proposed project fully, including brand or manufacturer (attach additional sheets if necessary to include engineering):

8. Pumpout/dump station will discharge to:

- City Sewer (Submit evidence, in writing, of consent form owner of the system.)
- Septic System (Submit evidence, in writing, of approval from local health officials, stating that sufficient sewage disposal capacity is available.)
- Unit will be emptied by a licensed septic hauler for disposal by an approved treatment facility. (Submit evidence, in writing, of a contract with a licensed septic hauler, as well as approval from the local health official.)
- Other (explain):

9. Location of Pumpout/Dump Station (Attach map indication location):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> On Bulkhead | <input type="checkbox"/> Fuel Dock |
| <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> All Slips |
| <input type="checkbox"/> Other Dock | <input type="checkbox"/> Boat-Mounted |

10. Pumpout/Dump Station Operation, who will operate the pumpout unit?

- Boater, Self-Serve
- Marina Staff
- Other (describe)

11. Availability of Service:

Months Jan. Feb. Mar. April May June
 July Aug. Sept. Oct. Nov. Dec.

Days Daily or only Mon. Tues. Wed. Thurs.
 Fri. Sat. Sun.

Hours 24 Hours or Between _____ A.M. and _____ P.M.

Fee Charged Free or \$ _____ /use (Maximum fee \$5.00 per grant guidelines)

12. Grant Request:

Cost of pumpout station \$ _____
Site improvement cost \$ _____
Other costs (if applicable) \$ _____
TOTAL PROJECT COSTS: \$ _____

13. Matching Funds:

Required Match, per contract guidelines:

75% to 25% cost sharing, allows for a \$5.00 charge per pumpout

TOTAL MATCH \$ _____ 25% of total project costs
REIMBURSEMENT AMOUNT \$ _____ 75% of total project costs

Expected date new pumpout service is to begin: _____

Signed: _____

Date (must be Jan. 17, 2008 or later): _____

Return original application (3 pages total) by mail to:

SCDNR
Attn: H. Scott Meister
SC-CVA Coordinator
PO Box 12559
Charleston, SC 29412