



**APPLICATION FOR APPROVAL**

**MARINE SEWAGE PUMPOUT FACILITY  
AND SEWER SYSTEM EXPANSION/MODIFICATION**

If more space is needed to answer any questions fully, please attach additional sheets and reference the attachments in the designated area.

**GENERAL PROJECT INFORMATION**

1. Date of Application: \_\_\_\_\_
2. Project Name: \_\_\_\_\_
3. Project Location: \_\_\_\_\_
4. Project Type (Check one): Public \_\_\_\_\_ Private \_\_\_\_\_
5. Applicant name: \_\_\_\_\_
6. Applicant address: \_\_\_\_\_  
\_\_\_\_\_
7. Applicant phone #: \_\_\_\_\_
8. Owner name (if different from # 5) \_\_\_\_\_
9. Owner address: \_\_\_\_\_  
\_\_\_\_\_
10. Owner phone #: \_\_\_\_\_
11. Design Engineer: \_\_\_\_\_
12. Design Engineer address: \_\_\_\_\_  
\_\_\_\_\_
13. Design Engineer phone #: \_\_\_\_\_



3. Flow Data

Flows shall be estimated following the "[Guidelines for Submitting an Application for Approval for a Marine Sewage Pumpout Facility Discharging to an Existing Sewer System.](#)" Attach all design calculations that support the flows listed below.

| <u>Type</u>   | <u>Seasonal Maximum Daily Flow (gpd)</u> |
|---------------|--|
| Slips:        | _____                                    |
| Moorings:     | _____                                    |
| Transients:   | _____                                    |
| Other:        | _____                                    |
| <b>TOTAL:</b> | _____                                    |

4. Receiving wastewater treatment facility name: \_\_\_\_\_

a. Avg. daily flow: \_\_\_\_\_ b. Design flow: \_\_\_\_\_

5. General description of sewers and pump stations within the existing sewer system that will transport the flow from the proposed marine sewage pumpout facility to the receiving wastewater treatment facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Location and capacity of marine sewage pumpout(s):

a. \_\_\_\_\_  
Pumpout Location                      Pumpout Capacity (gpm)

b. \_\_\_\_\_  
Pumpout Location                      Pumpout Capacity (gpm)

c. \_\_\_\_\_  
Pumpout Location                      Pumpout Capacity (gpm)

7. Any additional applicable information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OWR USE ONLY**

APPLICATION RECEIPT DATE: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

REVIEW START DATE: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

REVIEW COMPLETION DATE: \_\_\_\_\_

ACTION(S) TAKEN: \_\_\_\_\_

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