

**PROPOSAL SUBMISSION FORM
SOUTH CAROLINA CLEAN VESSEL 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: _____

Website: _____

4. Name of water body the facility is on or adjacent _____

to: GPS coordinates for facility: _____

5. Facility Owner: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

6. SAM.gov UEI: _____

SC Vendor Listing (procurement.sc.gov): _____

7. Project Description:

Portable Pumpout Station

Fixed Pumpout Station

Boat-Mounted System

Portable Toilet Dump Station

Expansion/Improvement/Renovation of Existing Service

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

9. 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):

10. 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 |

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Boater, Self-Serve | <input type="checkbox"/> Marina Staff |
|---|---------------------------------------|

Other (describe)

12. Availability of Service:

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

Days Daily or 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)

13. Grant Request:

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

14. Matching Funds:

Required Match, per contract guidelines:

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

TOTAL MATCH \$ 0.00 25% of total project costs
REIMBURSEMENT AMOUNT \$ 0.00 75% of total project costs

Expected date new pumpout service is to begin: _____

Signed: _____

Date: _____

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

SCDNR
Attn: Nick Wallover
SC-CVA Coordinator
PO Box 12559
Charleston, SC 29412