

MARINA PUMPOUT QUARTERLY REPORT FORM
ANNE ARUNDEL COUNTY
DEPARTMENT OF PUBLIC WORKS
PRETREATMENT PROGRAM

1. Wastewater Discharge Permit Number: _____
2. Marina/Company Name _____
3. Mailing Address:
 - a. Street or P.O. Box: _____
 - b. City, State, Zip: _____
4. Facility Address:
 - a. Street Address: _____
 - b. City, State, Zip: _____
5. Report covering 3-month period:

From: _____ To: _____

NOTE: 3-month period should be from

- | | |
|---------------------------------|-----------------------|
| 1) December 15 to March 14; | Report due April 14 |
| 2) March 15 to June 14; | Report due July 14 |
| 3) June 15 to September 14; | Report due October 14 |
| 4) September 15 to December 14; | Report due January 14 |

6. Is your marina pumpout station operational? Yes or No
If yes, proceed to question 7. If no, indicate estimated date for pumpout to become operational: _____

Then skip to question 9 and sign certification statement.

7. Total gallons of marina pumpout wastes (boat sanitary wastewater) discharged to County sewer during the 3-month period indicated in question 5 above: _____
If known, what is the average gallons per day of marina pumpout wastes discharged to the County sewer during this period: _____

8. Describe method for measuring gallons of marina pumpout wastes discharged to the sewer. If applicable, detail meter readings used to determine gallons of waste. Include a copy of log book records if available.

9. CERTIFICATION STATEMENT:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Owner or Owner's
Authorized Representative

Date

Print Name

Telephone Number

Title

E-mail

NOTE: IF NO DISCHARGE OCCURS DURING A QUARTER AND/OR THE PUMPOUT IS NOT YET OPERATIONAL, A REPORT STATING THIS FACT MUST STILL BE COMPLETED AND SUBMITTED TO THE DEPARTMENT OF PUBLIC WORKS.

COMPLETED REPORTS SHOULD BE RETURNED TO THE FOLLOWING ADDRESS:

Lauren Thompson
Department of Public Works
Financial Services
2662 Riva Road, MS 7408
Annapolis, Maryland 21401

Fax: 410-222-7059

E-mail: pwthom46@aacounty.org

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Marine Sewage Disposal Facility (MSDF)
 Monthly Log of _____
 (Month/Year)

Marina Name: _____

Date	Day of Week	MSDF Open? Y or N	# of Holding Tanks Pumped Out	Estimated Total Gallons Pumped Out	# of Portables Toilets Emptied	Estimated Total Gallons from Portables
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
MONTHLY TOTAL:						