



CLEAN MARINA RENEWAL



Please verify that facility personnel have performed an Annual Self-Review for:

_____ *Name of Facility*

_____ *Address of Facility* _____ *Phone Number*

_____ *Contact* _____ *Email Address* _____ *Web Address*

completed on _____ by _____
Date *Name of Reviewer(s)*

Township & Range: _____ Lat./Long. _____

Number of slips : Wet _____ Dry _____ Mooring lines _____ Transient slips _____

Pumpout: yes no Type: Peristaltic Stationary Boat Portable Vacuum
If no pumpout would you like information on a grant application for pumpout equipment?

1. Does your facility still meet the requirements noted in the Clean Marina Action Plan? Yes No

2. If no, what requirements need to be addressed and do you need assistance?

3. Has your facility adopted any additional Best Management Practices since designation? Yes No
Description: _____

4. Do you have recycling at your marina? Yes No

If yes, please indicate which of the following items you collect **per year** (please provide answers in requested units)

<input type="checkbox"/> newspaper _____ pounds	<input type="checkbox"/> monofilament line _____ pounds
<input type="checkbox"/> aluminum cans _____ pounds	<input type="checkbox"/> flares _____ (#)
<input type="checkbox"/> oil _____ gallons	<input type="checkbox"/> solvents _____ pounds
<input type="checkbox"/> filters _____ pounds	<input type="checkbox"/> other _____
<input type="checkbox"/> batteries _____ (#)	Comments: _____
<input type="checkbox"/> paint & thinners _____ gallons	_____
<input type="checkbox"/> Fluorescent bulbs _____ (#)	_____



Do you need any of the following items?

<input type="checkbox"/> Bilge Socks/Pledge Cards _____	<input type="checkbox"/> Clean Boating Habits booklets _____
<input type="checkbox"/> Clean Marina Brochures _____	<input type="checkbox"/> Clean Vessel Act Grant Application _____

(Continued on other side)

5. Have you had any regulatory inspections at your facility during the past year? Yes No
If yes, what type and what was the inspection result? _____

6. Has your facility been under any enforcement over the past year? Yes No
If yes, what was the non-compliance item and has it been resolved? _____

7. Has there been a change of owner or manager at this facility? Yes No
If yes, please provide the name and phone number of the new owner or manager. _____

If your facility has the same owner/manager, and you would like to request on-site assistance please mark this box.

8. Would you be interested in serving as a Clean Marina mentor to other facilities working toward designation? Yes No

9. If the following applies to your facility, please check and list the permit number that corresponds with that activity:

a. Environmental Resource Permit # _____ purpose _____

b. Submerged Land Lease: Lease # _____ No Lease
 Lease has been reviewed

c. Emergency Planning and Community Right – to – Know (EPCRA)
 Notification made
 Tier II Annual Report filed

d. NPDES Stormwater Permitting for Industrial Activities: Permit # _____, or
Date Notice of Intent Filed _____
 Stormwater Pollution Plan on-site
 Aware of Monitoring Requirements if applicable

e. Tanks Permit # _____

f. Hazardous Waste Generator Yes No Permit # _____

g. Air Permit # _____

Signature _____ Date _____

Please complete and mail to:

<u>Internal Use Only</u> Fifth Year Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> Completed copy to District coordinator <input type="checkbox"/> Internal File Review conducted <input type="checkbox"/>
--

Florida Department of Environmental Protection
Florida *Clean Marina* Program
3900 Commonwealth Blvd., MS 665
Tallahassee, FL 32399-3000
850-245-2100
850-245-2159 Fax
www.dep.state.fl.us/cleanmarina