



**UNIVERSITY OF MASSACHUSETTS BOSTON
DIVISION OF MARINE OPERATIONS**



PUMPOUT REQUEST FORM (TO BE FILLED OUT BY CUSTOMER)

NAME OF VESSEL		HOME PORT	
NAME OF ORGANIZATION			
CONTACT PERSON			
PHONE #			
LOCATION			
DATE OF PUMPOUT		TIME OF PUMPOUT	
MSD TYPE	I	II	III
PASSENGER CAPACITY			
GREY WATER CAPACITY	Gal.		BLACK WATER CAPACITY Gal.
COMMENTS			

PUMPOUT SERVICE LOG (TO BE FILLED OUT BY DMO)

DATE		APPROVED	Y / N	TIDES	HIGH/LOW
PUMPOUT BOAT	CAPTAIN			WEATHER CONDITIONS	
	DECKHAND				
	OTHERS				
	HOURS OPERATION			MAINTENANCE / FUEL	
	BOATS SERVICED				
VOLUME PUMPED	Gal.	DISCHARGE SITE		TIME OF DISCHARGE	
COMMENTS					

Note: Please fill out this form and fax it back to 617.287.5413 for more information call 617.756.9861