

Maintenance Assistance Grant (MAG) Add, Modify or Remove Access Site Form

Instructions: Complete this form <u>only</u> if changes have been made to boating access inventory including, site fees, season of use, type or quantity of site amenities <u>or</u> if you are requesting consideration to remove or add a boating access site.

1. Boating Acces	s Site			
Name of Government Agence	y managing the motorboat acces	ss site		
Site Name				Site Type
Sito Hamo				Site Type
Waterbody			Requested cha	ange
2. Property Own	ership and Manage	ement		
		y listed on this schedule:		
Property is own	ned in fee simple by the	e applicant. How long has	s the applicant ov	vned the site?
Describe any re	strictive easements or	deed restrictions.		
☐ Property is leas	ed by applicant. Nu	umber of years remaining or	lease.	
Name of proper	ty owner:			
Describe other i	interest in site and tenເ	ıre:		
Current manager	ment of qualified prop	erty listed on this schedu	le:	
☐ Property is mai	naged solely by the ap	plicant.		
☐ Property is mai	naged cooperatively wi	th another entity		
Identify the entity (volunteer, site host, co	ncession, etc.):		
Who will maintain t	the site under the grant	?		
VIII VIII III III III II	and one under the grant	•		
3. Fees, Boat T	ype and Boating Ad	ctivities		
		single use of the site. Identif tween users, note the fee ra		arking, day-use, facility or launch cample \$3.00/foot, \$15/hour
Launch \$	Parking \$	Day Use \$	Boat-in Campi	ng \$
Moorage \$	Per	Other (list type)		Other <i>amount</i> \$
		r year occurring at this site		
Number of boat la	unch/retrievals per yea	ar		
Number of boats i	using short term tie-up	overnight per year		
Number of boats i	using short term tie-up	day use only per year		
Number of boat-in	camping nights (land)	per year		

Boat Type

Identify monthly percentage of use by boat type. Monthly total equals 100%

,	, ,	5	,	71		,							
Boat Type	e.g.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open motorboat	50												
Cabin cruiser	10												
Jet boat	25												
Pontoon													
Sail													
PWC													
Drift	10												
SUP													
Raft													
Kayak	5												
Kite/sailboard													
Other													
Site closed													
Total 100%	100												

Boating Activity

Identify the months that boating activities take place at the site or waterway, using a scale of High(H), Medium(M), and Low(L).

(-).													
Boating Activity	e.g.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Towed watersports													
Fishing	Н												
Cruising													
Sailing													
Flat water paddling	L												
Whitewater paddling													
Other													

Other:

e.g. example given If a boat type is identified for January, make sure there is a boating activity identified for the same month.

4. Boating Facility Amenities

Infrastructure and improvements that aid boaters in launching and retrieving boats or serve boaters using the site. Does not include marinas, fuel stations, boat wash station, fish cleaning station, long-term moorage, swim or picnic area, campground or trails.

Identify the type or material and size of the amenities and describe their seasonal availability.

Amenities	Type Material	Quantity	Units	Open Date	Close Date	Percent of non-boating use
Boat ramp			Lanes			
Low-water boat ramp			Lanes			
Boarding docks			Lineal feet			
Short term tie-up docks			Lineal feet			
Debris boom			Lineal feet			
Toilet (primary)			Stalls			
Toilet (season)			Stalls			
Boat trailer parking stalls			Spaces			
Boat trailer parking area			Square feet			

Boat trailer overflow			Square feet				
parking			'				
Car parking stalls	<u> </u>		Stalls				
Landscaping/mowing	yes	no					
Garbage can or dumpster	yes	no					
Cantilever ramp inspection	│	no					
5. Floating restroom an Equipment such as pumpou activity when onshoretoilets components.	uts, dump stat are unavailal	tions, or holding tanks ble. Does not include	s used in the dispose onshore restrooms	or their re	lated plum	bing or sewag	ge handling
Complete this section only	-	• •	floating restroo	m or sev	wage col	llection equ	ipment in Sectior
Identify the equipment type		n of use.				-	
Type of sewage collection			Open Date	Clos	e Date		
Floating restroom							
Pumpout/Dump station							
Pumpout only							
Dump only							
Scat							
						_	
Sewage Disposal and Mon	itoring Sy	stem	T =				
Onsite holding tank				_ Yes [No		
Onsite septic system				Yes [No		
Municipal sewer system] Yes [No		
Other] Yes [☐ No		
Marine Sync monitoring syst	lem			Yes	No		
						_	
By signing below, I certify th	at I posses	s the authority in	cluding the nec	essary i	equisite	property in	terests to
undertake the proposed cha					- 40	F. 2 P 2	
Print Name					Title		
Signature					Date		
Return this form to Ann Fleci	kner, Ann.F	leckner@boat.ore	egon.gov. For qu	estions	call 503-	378-2727	