



# EBMUD Recreation Area Private Boat Launch Inspection Form

Mokelumne Watershed & Recreation Division – Natural Resources Department

**Entrance Gate Staff complete this section** – Are you from, or has vessel been operated or moored in, any of the following bodies of water: Lake Mead, Lake Havasu, Lake Mojave, Lake Skinner, San Justo Reservoir, any lake/reservoir in San Benito or Santa Clara County, any waterway in and/or south of the Tehachapi Mountains or outside of CA? **NO YES** If Yes, **Where & When?** \_\_\_\_\_

**Boat operators complete this section** – Complete and submit form to Inspector at IPM Vessel Inspection Station. This form is required along with a visual or physical vessel inspection before you may launch any vessel. Failure to comply with inspection may result in revocation of your boating permit and you may be subject to citation and/or eviction from EBMUD facilities.

*(Please print clearly. If you do not understand any question, please ask staff for clarification.)*

Location vessel was operated (last 30 days)		Date
Do you have any other equipment (buckets, pumps, motors, oars, down riggers waders etc.) that has been used in an aquatic environment in the last 30 days?		Yes No <i>Circle one</i>
Vessel Make:	Model:	CF Number:
<b>Vessel Operator Information</b>		
Name:		
Address:		
City:	State:	Zip: County:

I attest to the truthfulness of the information that I have submitted on this form and I voluntarily consent to a search and inspection of the boat and trailer currently in my possession by the East Bay Municipal Utility District for the sole purpose of detecting invasive aquatic species.

\_\_\_\_\_  
Signature of vessel owner/operator

\_\_\_\_\_  
Date

Inspection Staff complete this section	
Is the boat registered? Y N	What state? _____ Operator/Vessel address verifiable: Y N
Evidence of recent mooring (growth/stains on hull, wet material): Y N	
Evidence of mussels or other aquatic organisms? Y N Describe _____	
Type of vessel/motor: (circle all pertinent) IB OB I/O J C/RB/K FT IF S	
Standing/pooling water visible? Y N Overall vessel condition: Clean Dirty Extremely Dirty	
Other Equipment observed and inspected: <input type="checkbox"/> Hull <input type="checkbox"/> Bilge & Live Wells <input type="checkbox"/> Bait Bucket <input type="checkbox"/> Ropes/Anchor	
<input type="checkbox"/> Trailer <input type="checkbox"/> Transducers/Pitots <input type="checkbox"/> Intakes <input type="checkbox"/> Propeller <input type="checkbox"/> Lower Unit/Gimbal Other _____	
Is the boat cleared for launching on this day? YES NO _____	
Additional Comments: _____	

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Facility: PAR CNS CSS Inspector: \_\_\_\_\_