**TMF Assessment Review Form for**

**Change of Ownership or New Water System**

|  |  |  |
| --- | --- | --- |
| Water System Name: | | System  Number: CA\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| Assessment Type:  Change of Ownership  New Water System | | |
| District: | TMF Assessment Date: | |
| Evaluation Performed By: | Staff Evaluation Date: | |

Has the water system demonstrated capacity in the following elements per the TMF Assessment Form?

**Mandatory TMF Elements**

1. **Consolidation Feasibility:**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.  **Ownership**:  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Water Rights:**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Budget/CIP**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Budget Control:**  Yes  Nocomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. **System Description:**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Certified Operators:**  Yes  Nocomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **Source Capacity**:  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. **Operations Plan:**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. **Organization:**  Yes  Nocomments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **Emergency Response Plan**:  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Necessary TMF Elements**

12. **Training:**  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. **Policies**:  Yes  No comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All “Necessary” TMF Elements that have not been satisfied:

There will be a permit condition to be completed within \_\_\_\_\_ months of the TMF assessment date.

SWRCB or LPA Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_