

## TMF Staff Evaluation Form Change of Ownership or New Water System

Water System Name:	System Number: CA _____
Assessment Type: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> 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. <b><u>Consolidation Feasibility:</u></b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 2. <b><u>Ownership:</u></b>                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 3. <b><u>Water Rights:</u></b>              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 4. <b><u>Budget/CIP</u></b>                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 5. <b><u>Budget Control:</u></b>            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 6. <b><u>System Description:</u></b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 7. <b><u>Certified Operators:</u></b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 8. <b><u>Source Capacity:</u></b>           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 9. <b><u>Operations Plan:</u></b>           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 10. <b><u>Organization:</u></b>             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 11. <b><u>Emergency Response Plan:</u></b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |

**Necessary TMF Elements**

- |                             |                              |                             |                 |
|-----------------------------|------------------------------|-----------------------------|-----------------|
| 12. <b><u>Training:</u></b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |
| 13. <b><u>Policies:</u></b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | comments: _____ |

All Necessary TMF Elements that have not been satisfied:

Will be a permit condition to be completed within six months of the TMF assessment date.

CDPH or LPA Staff Name: \_\_\_\_\_

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