REQUEST FOR TECHNICAL ASSISTANCE

Name of Requestor:

Instructions: If an item is not relevant or unknown, enter "N/A" or "unknown." Please e-mail the completed form to: <u>DFA-TARequest@waterboards.ca.gov</u>

Date of Submittal:

A. Community, System, or School Name:		
Public Water System ID No. (if applicable):	County:	
Number of Service Connections: Service Area Population:		
Type of Organization: Municipal entity Priv	ate entity (Select one: \square nonprofit;	for profit)
District/Local education agency		
Estimated Median Household Income (MHI): \$	(Source:	
Estimated percentage of secondary homes: % Service Area Map included (required) \(\subseteq \) Letters of Intent included (required for voluntary consolidation/regionalization projects) \(\subseteq \)		
B. Type of TA Need: Drinking Water W	/astewater	Groundwater
C. Problem: Briefly summarize the problem or the TA needs.		
D. Request: Briefly describe the assistance being requested.		
Is the regulatory agency (DDW, LPA, Regional Water Board, etc.) supportive of this project?		
☐ Yes, name of contact person/agency:		☐ No
Is this request associated with a compliance order	7?	
☐ Yes, Compliance Order No.:	(attach a copy if availa	able) 🗌 No
E. Contact Information: Please provide a contact for correspondence regarding this request.		
N	T:11 /O : 1:	
Name	Title/Organization	
Mailing Address	City/State	Zip Code
-	-	•
Phone Number	E-mail Address	

Service Area Map

