

**California State Water Resources Control Board  
Division of Clean Water Programs**

**STATE REVOLVING FUND (SRF) LOAN PROGRAM**

**INITIAL REVIEW CHECKLIST**

<p>PROJECT NAME:</p> <p>PROJECT NO.: C-06-<b>NUMBER</b> PRIORITY CLASS: <b>A/B/C/D</b></p> <p>AGENCY: <b>Name</b></p> <p>ADDRESS: <b>Address</b></p> <p>COUNTY: <b>County</b></p> <p>CONTACT PERSON: <b>Name</b> DATE: <b>date</b></p> <p style="padding-left: 20px;">TITLE: <b>General Manager</b></p> <p style="padding-left: 20px;">PHONE: <b>(916)</b></p>
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If your agency **is not interested** in obtaining SRF loan funding for the proposed project, please check the following box  , give a short explanation in the space provided (such as, project is complete, received other funding), and return to us along with signature page (page 3).

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If your agency **is interested** in obtaining SRF loan funding for the proposed project, please provide us with the following information and return to us.

1. Describe proposed project:

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2. Describe the problem that the project is intended to solve (reclamation, water quality, public health, or potential problem):

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3. Attach a map of the area showing:

- a. Planning area;
- b. Service/study area; and
- c. Estimated location of existing or proposed wastewater facilities.

4. Describe existing wastewater facilities:

- a. Estimated population served:

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- b. Type of facilities:

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- c. Age and condition of facilities:

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5. Estimated construction cost: \_\_\_\_\_

6. Special environmental concerns:

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7. Project schedule:	<u>TASK</u>	<u>SUBMITTAL DATE</u>
a. Project report	_____	_____
b. Environmental documents	_____	_____
c. Draft revenue program	_____	_____
d. Final plans and specifications	_____	_____
e. Start construction	_____	_____

8. Comments:

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9. If you have a project report or any other pertinent information on the proposed project, please submit it with the completed checklist.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

**Mailing Address**

**Attn: Wayne F. Pierson  
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Division of Clean Water Programs  
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