



Small Transient Noncommunity Asset Management Program

This template is intended for small transient noncommunity (TNC) public water systems with a population less than 250 and no substantial treatment. It incorporates the Asset Management Program requirements in Ohio Administrative Code Rules 3745-87-03 and 3745-87-05.

(Revised Date: 12/3/2020)

Public Water System Name: _____ PWS ID: _____ Date: _____

Section 1. Asset Management Program Review and Locations

Section 1.1 Review and Updates

Asset management programs are required to be reviewed and updated, if necessary, at least annually (OAC Rule 3745-87-05(A)). Please use the following table to track when your asset management program was last reviewed/updated.

Date of Asset Management Program Review/Update (min. annually)

Section 1.2 Asset Management Program Locations

The information in Section 10 of this document is required to be kept in the following locations (OAC Rule 3745-87-03(B)(5)(b)):

- Is there a water treatment plant or room?
 - Yes – A copy of this asset management program has been included in that area.
 - No – Describe a different location that is accessible and secure where a copy of this program is kept: _____
- Is there an administrator, owner, or manager’s office?
 - Yes – A copy of this asset management program has been included in that area.
 - No
- Other location(s) where a copy is kept (optional): _____

Section 2. Contact Information and Table of Organization

Insert contact information for the business/property owner, manager, financial contact, water system operator, sampler, and maintenance staff, as applicable. Clearly describe who is responsible for water system operations, maintenance, treatment, and distribution work. See Appendix A for additional contact tables.

Contact Name		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Manager <input type="checkbox"/> Financial Contact <input type="checkbox"/> Water System Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Maintenance Staff
Address			
Phone			
Email			
To whom does this person report?			
Credentials			
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other:		

Contact Name		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Manager <input type="checkbox"/> Financial Contact <input type="checkbox"/> Water System Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Maintenance Staff
Address			
Phone			
Email			
To whom does this person report?			
Credentials			
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other:		

Section 3. Succession Plan

Describe your plan for replacing/rehiring each critical person associated with the water system (managers, financial contact, water system operators, samplers, etc.). For example, how will the water system meet minimum staffing requirements if the operator(s) leave?

Any cooperative and service contracts have been attached: Yes No Not applicable

Section 4. Public Water System Description

1. Number of Service Connections: _____

Service connections are typically buildings with water available. For example, a church and parsonage = 2 service connections

2. Average number and types of daily water users

*Include everyone who **has access** to the water (for eating/cooking, drinking, handwashing, bathing, showering, or oral hygiene), whether they use it or not.*

a. # of employees/staff: _____

b. # of customers/visitors: _____

c. # of owners/management: _____

d. # of other water users, if applicable (please specify): _____

3. Source Type (check one):

Ground water (e.g., well) Surface water (e.g., river, pond, lake) Hauled water, Supplier: _____

4. Interconnections (List, if applicable): _____

Interconnections include connections between the waterlines of 2 different public water systems (for example, a connection between 2 campgrounds that is only used in the event of an emergency).

5. System capacity in gallons/day (if unknown, contact your Ohio EPA district office representative): _____

6. Limiting factor for system capacity (if unknown, contact your Ohio EPA district office representative): _____

7. Water System Usage

The water usage in the next 5 years is expected to (check one):

- Increase
- Decrease
- Stay the same

- 8. Will changes to the water system be necessary to meet the change in demand?** (for example, will the water system need to expand/reduce treatment equipment, add/reduce the number of wells or storage tanks, etc.)
- Yes – Include any infrastructure changes in Sections 7.2 or 7.3 below. Contact the Ohio EPA District Office to determine if detail plan submission is required.
 - No
 - Not applicable

Section 5. Water System Schematic

Include a schematic of your public water system components. The schematic can be attached, hand drawn, or selected from one of the options below. The schematic must include the following, as applicable:

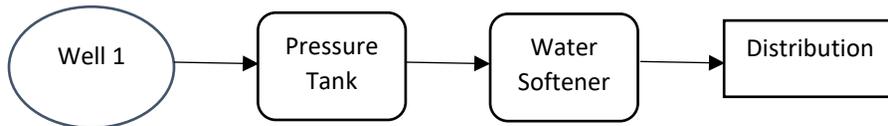
- Source (e.g., well),
- Pressure tank(s),
- Treatment equipment (e.g., water softener, chemical feed, filters)
- Storage tanks, and
- Distribution system (e.g., waterlines)

If one of the following examples applies to your public water system, please circle that schematic. If none apply, please attach a schematic or draw one in the space provided. Please contact the Ohio EPA District Office for assistance, if necessary.

1. Well, pressure tank



2. Well, pressure tank, softener



4. Draw your own schematic: (include the source, any pressure tanks, any treatment equipment, and the distribution system)

Section 6. Asset Inventory

Asset Name (e.g., Well 1, Pressure tank 1, softener 1)	Location of Asset (Attach a map showing the location of each asset if needed)	Estimated Age, in Years (How old is the asset? Record installation date if known.)	Status of Asset	Condition (See Table 1 below for descriptions)	Remaining Useful Life, in Years (Subtract the estimated age of the asset from the expected asset life. See Appendix B for typical life expectancy of various assets. If needed, adjust based on condition and performance.)	Planned Future Work (If applicable.)	Cost for Future Work (Cost can be an estimate from similar assets or restoration services offered by vendors.)
			<input type="checkbox"/> In use <input type="checkbox"/> Available <input type="checkbox"/> To be repaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Planned Date	
			<input type="checkbox"/> In use <input type="checkbox"/> Available <input type="checkbox"/> To be repaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Planned Date	
			<input type="checkbox"/> In use <input type="checkbox"/> Available <input type="checkbox"/> To be repaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Planned Date	
			<input type="checkbox"/> In use <input type="checkbox"/> Available <input type="checkbox"/> To be repaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Planned Date	
			<input type="checkbox"/> In use <input type="checkbox"/> Available <input type="checkbox"/> To be repaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Planned Date	

Table 1. Condition Descriptions	
Condition	Description
Excellent	In relatively new or new condition. The asset has required little to no maintenance.
Good	Acceptable condition. It still functions and requires minor maintenance.
Fair	Deterioration of the asset can be seen. It needs maintenance frequently to be able to perform.
Poor	Failure of the asset is likely and will need to be replaced in the next few years.
Very Poor	Failure has occurred or is going to occur. Major maintenance is required, or replacement needs to occur.

Table 2. Estimated Life Expectancy of Assets	
Asset	Life Expectancy (years)
Wells	25-35
Pressure Tank	7-10
Chlorination Equipment (e.g., chemical feed pump)	10-15
Pumps	10-15
Other Treatment Equipment	10-15
Storage Tanks	30-60
Distribution Pipes	35-40
Hydrants	40-60
Lab/Monitoring Equipment	5-7
Meters	10-15
Valves	35-40
Backflow Prevention Devices	35-40
Transportation Equipment	10
Buildings	30-60
Computers	5
Electrical Systems	7-10
<p>Source: "Taking Stock of Your Water System: A Simple Asset Inventory for Very Small Drinking Water Systems." U.S. EPA, 2004.</p> <p>Note: The life expectancy of each asset may vary from the estimates listed above based on site specific conditions (e.g., poor water quality, high humidity), maintenance history (e.g., regularly maintained vs. not maintained), etc.</p>	

Section 7. Financial Information

Describe the water system finances below, or attach the past 5 years of annual financial statements/reports (e.g., describe assets, liabilities, income, expenditures, balances, equity) and the pro forma statement for the next 5 years of operation (e.g., income statement, balance sheet, statement of cash flow for water system fund, debt payments).

1. Have there been enough funds available to cover the water system expenses over the past 5 years or since opening if less than 5 years? (for example, the license to operate fee, sampling costs, certified operator costs, chemical supplies, water system debt payments, emergency expenses, equipment repairs/replacements, etc.)
 - Yes
 - No – Explain how the water system expenses have been paid: _____

2. Do you expect that there will be enough funds available to cover the annual water system expenses over the next 5 years, including funds needed to complete the projects outlined in Section 7.2 (“Three to Five Year Capital Improvement Plan”)?
 - Yes
 - No – Explain how the upcoming water system expenses will be paid: _____

<u>Section 7.1 Procedure for Making Purchases</u>	Routine Purchases <i>Describe the procedure for routine purchases:</i>	Emergency Purchases <i>Describe the procedure for emergency purchases:</i>
Purchasing Authority and Procedures		
a. Who is authorized to make purchases for water system repairs/replacements and sign contracts for water system work?		
b. Is management/owner approval required prior to making the purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. If yes, describe the approval process:		
d. Authorized amount to spend:		

Section 7.2 Three to Five Year Capital Improvement Plan

Are any water system projects planned/necessary during the next 3 to 5 years? (Refer to Section 6 Asset Inventory to help with planning)

- Yes – Complete the following table describing the 3 to 5-year capital improvement plan
 No – Explain: _____

Project Description <i>Describe any water system projects needed in the next 3 to 5 years (other than the projects outlined in Section 10 above)</i>	Describe why the project is necessary, including the benefits of the project	Year Scheduled	Estimated Cost	Funding Source(s) <i>Describe how the project will be funded</i>

Section 7.3 Five to Twenty Year Capital Improvement Plan

Are any other significant water system projects planned for the next 5 to 20 years other than those described in Section 7.2 above? (Refer to Section 6 Asset Inventory to help with planning)

- Yes – Complete the following table describing the 5 to 20-year capital improvement plan
 No – Explain: _____

Project Description <i>Describe any significant water system projects anticipated in the next 5 to 20 years (other than the projects outlined above)</i>	Estimated Cost

Section 8. Operation and Maintenance Program

Attach the operation and maintenance program for the water system or describe the program below, in accordance with OAC Rules 3745-83-01(H) and 3745-87-03(B)(4).

Section 8.1 Standard Operating Procedures

Describe the standard operating procedures necessary to ensure operation of the water system.

Standard Operating Procedures to Ensure Daily Operation of Water System	
Work Completed <i>(e.g., Describe checks performed, work completed, samples collected)</i>	Frequency Completed <i>Check the box below to indicate how frequently each task is completed</i>
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:

Section 8.2 Maintenance Log

Include the maintenance schedule or supporting documentation of work performed for each asset listed in the Section 6 inventory. This should include routine maintenance and emergency repairs, as applicable (e.g., maintenance on wells, pressure tanks, water treatment equipment, distribution system components including valves and hydrants, auxiliary power, pump stations, electrical equipment and controls)

Maintenance Log			
Asset Name	Describe Maintenance Work to Perform	Date Scheduled	Date Performed

Section 9. Metrics

Metric:	Annual Metrics Data				
	<i>Insert the year at the top of each column. Then, insert the metrics data for each year. This data must be reported to Ohio EPA annually online. Contact Ohio EPA's Central Office for more information.</i>				
	20____	20____	20____	20____	20____
Total number of days when water system pressure was less than 20 psi (e.g., depressurized):					
Total number of <u>emergency</u> repair, rehab or replacement tasks for the water system:					
Total number of <u>planned</u> repair, rehab or replacement tasks for the water system:					
Amount of money set aside for unanticipated public water system expenses (i.e., reserve funds):					
Total number of days unable to serve water:					

Section 10. Emergency and Contingency Planning

Section 10.1 Emergency Contacts

The following people should be contacted, as applicable, if any of the emergency circumstances outlined in Section 10.2 below occur. Please describe how and when each group will be contacted following an emergency. Contact information (e.g., phone numbers, emails) is included in Section 11 below.

Contacts	Describe <u>how</u> each contact will be notified	Describe <u>when</u> each contact will be notified
Ohio EPA:	<input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediately, but within 24 hours
Water Users/Staff:	<input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Posting or door hangers <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediately <input type="checkbox"/> Within 24 hours <input type="checkbox"/> Other: _____
County Health Department:	<input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediately <input type="checkbox"/> Within 24 hours <input type="checkbox"/> Other: _____
County Emergency Management Agency (EMA):	<input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediately <input type="checkbox"/> Within 24 hours <input type="checkbox"/> Other: _____
Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediately <input type="checkbox"/> Within 24 hours <input type="checkbox"/> Other: _____

Section 10.2 Emergency Circumstances

Complete the following table describing the response to each of the emergency circumstances listed below. Ohio EPA considers this table to be the water system's contingency plan. Public water systems are required to follow their contingency plan if any of the emergencies identified below occur.

Emergency Circumstance	Describe procedures to be followed to address the situation (e.g., actions taken to restore water)	If you need to collect water samples during/after the emergency, where should the samples be collected from?
Pump or motor failure		<input type="checkbox"/> Raw water/before treatment <input type="checkbox"/> 1 st sample tap available after any treatment <input type="checkbox"/> Other: _____
Loss of water from a well or other water source		<input type="checkbox"/> Raw water/before treatment <input type="checkbox"/> Other: _____
Line breaks that affect the routine delivery or treatment of water		<input type="checkbox"/> Representative tap(s) in the distribution system <input type="checkbox"/> Other: _____
Depressurizations due to other causes (e.g., power failure)		<input type="checkbox"/> Representative tap(s) in the distribution system <input type="checkbox"/> Other: _____
Unplanned absence of operator		N/A
Contamination of source water including, but not limited to, releases of oil and hazardous substances		<input type="checkbox"/> 1 st sample tap available after any treatment, and/or as directed by Ohio EPA <input type="checkbox"/> Other: _____
Exceedance of E. coli maximum contaminant level (MCL)		<input type="checkbox"/> As listed in the total coliform sample siting plan, and as directed by Ohio EPA <input type="checkbox"/> Other: _____
Exceedance of nitrate/nitrite MCL		<input type="checkbox"/> 1 st sample tap available after any treatment, and/or as directed by Ohio EPA <input type="checkbox"/> Other: _____
Violation of a treatment technique (e.g., failure to complete corrective actions following a Level 1 or Level 2 assessment, failure to complete the seasonal start-up procedure, failure to respond to a significant deficiency)		As directed by Ohio EPA

Section 11. External Contacts

Include contact information for individuals and resources necessary to properly operate your public water system.

Contact Type	Contact Name(s)	Day Time Phone Number(s)	After Hours Phone Number(s)	Email(s)
Ohio EPA District Office			1-800-282-9378 (emergency hotline)	
Corporate emergency contact, if applicable				
Corporate regional contact, if applicable				
Fire Department				
Police/Sheriff				
County Emergency Management Agency (EMA)				
Local Health Department				
Ohio EPA Certified Laboratory				
Electric Power Supplier				
Electrician				
Well Driller				
Plumber				
Other:				
Other:				
Other:				

How will the above emergency contacts list be used (check all that apply)?

- Posted in an accessible location for all staff to use
- Trained all employees on use of contact list for water system issues and emergencies
- Will contact as necessary
- Distributed contact list to all employees with responsibilities for the water system
- Other (describe): _____

Section 12. Source Water Protection

*A source water assessment has been conducted for your public water system by Ohio EPA. This document includes an assessment of the susceptibility of your water source to contamination, a map of potential sources of contamination in your area, and a checklist of strategies to protect your well/source. **Please contact the Ohio EPA district office to obtain a copy of your source water assessment if a copy is not already on site.***

Section 12.1 Source Water Assessment

The source water assessment completed by Ohio EPA must be reviewed annually. To do so, review the map for any potential contaminant sources that have been removed or added (e.g., fuel tank installed/removed, septic system installed/removed, chemical storage shed constructed/removed). If changes are necessary, contact Ohio EPA.

Year:	20____	20____	20____	20____	20____
Date Source Water Assessment Reviewed <i>(Required at least annually)</i>					

Section 12.2 Source Water Protective Strategies Checklist

Have you completed the source water protective strategies checklist and submitted it to Ohio EPA?

- Yes.
 - a. Date submitted to Ohio EPA: _____
 - b. Date of most recent review: _____ *The checklist must be reviewed and updated at least once every 5 years. If changes are made to the checklist during the review, submit a revised copy to the Ohio EPA district office within 60 days.*
- No. *It is recommended that all public water systems have a source water protection plan to protect their source (e.g., well) from potential contamination. Please contact the Ohio EPA district office if you need assistance with completing the plan.*

Appendix A. Additional Contact Information

Contact Name		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Manager <input type="checkbox"/> Financial Contact <input type="checkbox"/> Water System Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Maintenance Staff
Address			
Phone			
Email			
To whom does this person report?			
Credentials			
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other:		

Contact Name		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Manager <input type="checkbox"/> Financial Contact <input type="checkbox"/> Water System Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Maintenance Staff
Address			
Phone			
Email			
To whom does this person report?			
Credentials			
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other:		

Contact Name		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner <input type="checkbox"/> Property Owner <input type="checkbox"/> Manager <input type="checkbox"/> Financial Contact <input type="checkbox"/> Water System Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Maintenance Staff
Address			
Phone			
Email			
To whom does this person report?			
Credentials			
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other:		