



Small Community Asset Management Program

This template is intended for community public water systems (serving a population less than or equal to 3,300). It incorporates the Asset Management Plan requirements in Ohio Administrative Code Rules 3745-87-03 and 3745-87-05.
 (Revised Date: 11/12/2019)

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

Section 1. Asset Management Program Review and Locations

Asset management programs are required to be reviewed at least annually and updated if necessary (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 2. Contact Information and Table of Organization

Insert contact information for all water system contacts (e.g., administration, financial contact, water system operators, samplers). **Clearly describe who is responsible for water system operations, maintenance, treatment, and distribution work.** Additional contact information tables are available in Appendix A.

Contact Name	Job Title/Contact Type: (check all that apply)	
Address	<input type="checkbox"/> Manager <input type="checkbox"/> Mayor <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Village Administrator <input type="checkbox"/> Business Owner <input type="checkbox"/> Financial Contact <input type="checkbox"/> Operator <input type="checkbox"/> Sample Collector <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Phone		
Email		
To whom does this person report?		
Credentials		
Water system job duties/responsibilities (required)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other: _____	

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Contact Name		Job Title/Contact Type: (check all that apply)
Address		<input type="checkbox"/> Manager <input type="checkbox"/> Mayor
Phone		<input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Village Administrator
Email		<input type="checkbox"/> Business Owner <input type="checkbox"/> Financial Contact
To whom does this person report?		<input type="checkbox"/> Operator
Credentials		<input type="checkbox"/> Sample Collector
Water system job duties/responsibilities (required)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other: _____	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Contact Name		Job Title/Contact Type: (check all that apply)
Address		<input type="checkbox"/> Manager <input type="checkbox"/> Mayor
Phone		<input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Village Administrator
Email		<input type="checkbox"/> Business Owner <input type="checkbox"/> Financial Contact
To whom does this person report?		<input type="checkbox"/> Operator
Credentials		<input type="checkbox"/> Sample Collector
Water system job duties/responsibilities (required)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other: _____	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Section 3. Succession Plan

Describe your plan for replacing/rehiring each critical person associated with the water system (administration, 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. Training Record

List relevant water system training completed by staff or administrative personnel (e.g., fiscal, managerial, technical training).

Training Name/Description	Training Date	Personnel Who Attended

Section 5. Non-Technical Description of the Public Water System

1. Type and Number of Service Connections

Type of Service Connection	# of service connections
Residential	
Industrial	
Commercial	
Other:	
Other:	
Total Number:	

2. Source Type (check one):

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

3. Interconnections (List, if applicable): _____

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

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

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

6. Water System Usage

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

- Increase
- Decrease
- Stay the same

7. 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 Section 10, 11.1, or 11.2 below. Contact the Ohio EPA District Office to determine if detail plan submission is required.
- No
- Not applicable

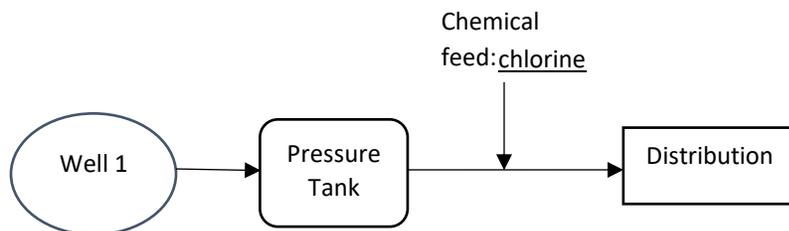
Section 6. Water System Schematic

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:

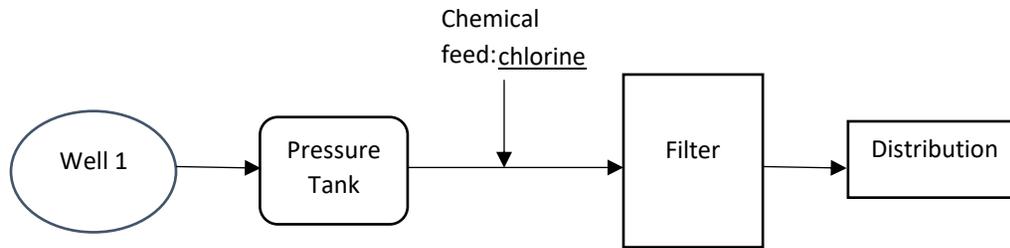
- Source (e.g., well),
- Pressure tank(s),
- Treatment equipment (e.g., water softener, chemical feeds, filters, UV, ozone)
- Storage tanks, and
- Distribution system (e.g., waterlines)

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:

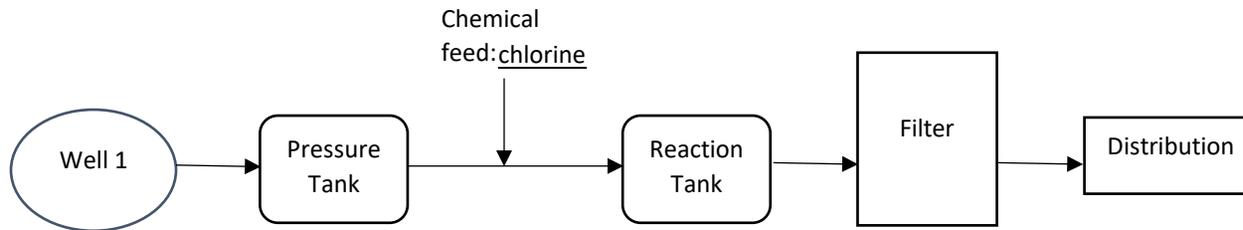
1. Well, pressure tank, chemical feed (list chemical below)



2. Well, pressure tank, chemical feed (list chemical below), filter



3. Well, pressure tank, chemical feed (list chemical below), reaction tank, filter



Draw your own schematic showing the water flow from the well to the distribution system. Include the source, any pressure tanks, any treatment equipment, and the distribution system.

Section 7. Asset Map

Attach a map showing the location of each water system asset or draw a map below. The map should show the location of each asset included in the asset inventory in Section 8 below.

A large, empty rectangular box with a thin black border, intended for the user to draw a map showing the location of water system assets. The box is currently blank.

Section 8. 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)	Purchase Date/ Installation Date (Estimate if unknown)	Life Expectancy, in Years (See Table 1 below, if necessary)	Estimated Age, in Years (How old is the asset?)	Remaining Useful Life, in Years (life expectancy - estimated age; can adjust based on condition/performance)	Status of Asset	Condition (See Table 2 below for descriptions)	Criticality¹ (Scale of 1-5) 5 is most critical to function of water system	Order of Priority² (1 = highest priority, 2 = next highest, etc.) Poorer condition and higher criticality = higher priority
						<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"/> 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"/> 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"/> 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"/> 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		

¹**Criticality** = The largest number will have the greatest risk to the continued operation of the water system if the asset were to fail. For example, if the well pump failed, the water system may not be able to supply water. Therefore, the well pump should have a high criticality value.

²**Order of Priority** = Assets must be prioritized based on their condition and criticality (i.e., how important the asset is to the function of the water system). Assets in poor or very poor condition should be placed on a timeline for repair, replacement, or rehabilitation based on their criticality value. Assets with a high criticality value are important to the continued operation of the water system. **Therefore, assets in poorer condition and that have a higher criticality value should be at the top of the priority list and at the beginning of the timeline to be rehabilitated, repaired, or replaced.**

Section 8. Asset Inventory (Continued)

Asset Name (e.g., Well 1, Pressure tank 1, softener 1)	Location of Asset (Attach a map showing the location of each asset)	Purchase Date/Installation Date (Estimate if unknown)	Life Expectancy, in Years (See Table 1 below, if necessary)	Estimated Age, in Years (How old is the asset?)	Remaining Useful Life, in Years (life expectancy - estimated age; can adjust based on condition/performance)	Status of Asset	Condition (See Table 2 below for descriptions)	Criticality¹ (Scale of 1-5) 5 is most critical to function of water system	Order of Priority² (1 = highest priority, 2 = next highest, etc.) Poorer condition and higher criticality = higher priority
						<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"/> 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		
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						<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"/> 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		

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Table 1. 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
Source: "Taking Stock of Your Water System: A Simple Asset Inventory for Very Small Drinking Water Systems." U.S. E.P.A., 2004.	
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.	

Table 2. 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. Major maintenance is required, or replacement needs to occur.

Section 9. Criteria for Repair, Rehabilitation, and Replacement

Select the criteria that will be used to determine when a water system asset should be repaired, rehabilitated, or replaced (check all that apply):

- Poor or very poor condition (e.g., severely corroded, leaking)
- High criticality value (from Asset Inventory)
- Does not function as intended
- Other – Describe: _____
- Other – Describe: _____
- Other – Describe: _____

Section 10. Timeline for Repair, Rehabilitation, Replacement and Expansion

Project Description <i>Describe, in order of priority, any repair, replacement, rehabilitation or expansion projects necessary based on the asset's condition and criticality in the asset inventory (Section 8 above)</i>	Scheduled Completion Date	Funding Source(s) <i>Describe how the project will be funded</i>

Section 11. Capital Improvement Plan

Section 11.1 Three to Five Year Capital Improvement Plan

Are any additional water system projects planned for the next 3 to 5 years other than those described above in Section 10 (“Timeline for Repair, Rehabilitation, Replacement and Expansion”)? Yes (If yes, complete the following table describing the 3 to 5 year capital improvement plan)
 No

Year Scheduled	Project Description <i>Describe, in order by year scheduled, 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 <i>Including design & construction</i>	Funding Source(s) <i>Describe how the project will be funded</i>

Section 11.2 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 Sections 10 and 11.1 above?

- Yes (If yes, complete the following table describing the 5 to 20 year capital improvement plan)
 No

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 12. Funding

- Is there a funding strategy in place to cover the costs associated with this asset management program (e.g., operation and maintenance costs, capital improvement projects, repair, replacement, rehabilitation, and expansion of existing assets) (OAC Rule 3745-87-03(C))?
 Yes
 No

- If your water system publicly owned?
 Yes
 No – Describe the type of business: _____
 When did this business open (date)? _____

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Financial Documentation (required)	Document Storage Location <i>Describe the location where the document is stored, or attach a copy</i>
Copy of the latest water rate ordinance / schedule, if applicable	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
Documentation of triennial water rate evaluation, if applicable	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
Documentation of all customers being billed for water usage, if applicable	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
5-year pro forma statement for the next 5 years with the following:	
1. Income statement, balance sheet, and statement of cash flow for the PWS operating fund	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
2. Amortization schedule of all PWS debt, including terms of all outstanding debt	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
3. Capitalization of long-term debt anticipated in the next five years	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
4. Any existing information demonstrating bond or credit rating	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____
One of the following from the past 5 years:	
1. <u>Publicly owned water system</u> : Copies of the <u>past</u> 5 years of Comprehensive Annual Financial Reports (CAFR) or substantively equivalent documents which describe the performance of the owner and water system, <u>OR</u> 2. <u>Non-publicly owned water system</u> : The financial statement for each of the <u>past</u> 5 years of operation. This must include assets, liabilities, income, expenditures, balances, and equity of the water system. <i>Note: Either of these sources (i.e., CAFR or financial statements) must have the enterprise or proprietary funds separated (the water, sewer, and all other funds must be delineated separately).</i>	<input type="checkbox"/> Copy attached, or <input type="checkbox"/> Describe location where document is stored: _____ <input type="checkbox"/> N/A, explain: _____

Section 13. Written Policies

Describe below or attach the documentation and/or written procedures for the following topics.

Section 13.1 Security

1. Are water treatment and equipment rooms locked?
 - Yes - Who has the keys? _____
 - No
 - Not applicable
2. How often is water system equipment inspected and areas patrolled: _____
3. What measures have been taken to protect water system equipment from damage/vandalism: _____
4. Other security measures taken: _____

Section 13.2 Use of Water System Equipment

1. Do you have documentation for use of water system equipment (e.g., who, what, when, why, and/or how people can use water system equipment)?
 - Yes
 - Documentation is attached, or
 - Describe the location of the documentation: _____
 - No – Describe the process for how water system equipment can be used: _____
 - Not applicable – For example, we do not have any water system equipment that can be used aside from the equipment necessary to operate the water system

Section 13.3 Billing Practices and Revenue Collection

1. Do you have documentation for billing practices and revenue collection?
 - Yes
 - Documentation is attached, or
 - Describe the location of the documentation: _____
 - No – Describe the process for billing and revenue collection for the water system: _____
 - Not applicable (e.g., we do not bill for water usage)

13.4 Purchasing Authority and Procedures	Routine Repairs/Replacements <i>Describe the procedure:</i>	Emergency Repairs/Replacements <i>Note: Community public water systems are required to have funds available and immediately accessible for emergency use.</i>
a. Who is authorized to make purchases for water system repairs/replacements?		
a. Authorized amount to spend:		

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b. Under what conditions can this person make the purchase? (for example, this person is authorized to spend up to \$XXX for routine purchases and \$XXX for emergency purchases)		
c. Is administrative 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
d. If yes, describe the approval process:		
13.5 Contracting	Routine Repairs/Replacements <i>Describe the procedure:</i>	Emergency Repairs/Replacements <i>Describe the procedure:</i>
a. Who is authorized to sign contracts for water system work?		
a. Authorized amount to spend:		
b. Is administrative approval required prior to signing the contract?	<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. Describe the required steps prior to signing a contract:		

Section 14. 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 14.1 Daily Standard Operating Procedures

Describe the standard operating procedure for daily operation of the water system

Daily Standard Operating Procedures							
Daily Work Completed <i>(e.g., Describe checks performed, work completed, samples collected)</i>	Day(s) of the Week Work Performed						
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat
	<input type="checkbox"/> Sun	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sat

Section 15. Metrics

The following metrics data must be tracked and reported online annually to Ohio EPA. The following table can be used to assist with data tracking.

Metrics Data									
	PWS Expenses	PWS Revenue	# of distribution line breaks	Billed water exported (gal or MGD) (e.g., interconnections)	billed, metered consumption (e.g., billed to service connections or through bulk station)	billed, unmetered consumption (e.g., flat fee structure accounts)	Number of planned maintenance tasks on vertical assets ¹ (e.g., routine)	Number of unplanned maintenance tasks on vertical assets ¹ (e.g., emergency)	Describe 1 customer service metric (required): _____
Jan.									
Feb.									
Mar.									
Apr.									
May									
June									
July									
Aug.									
Sept.									
Oct.									
Nov.									
Dec.									
Total:									

¹Vertical assets are assets within a building or facility, also known as above-ground assets (assets in treatment plants, pump stations, storage facilities, etc.).

Additional Annual Metrics Data

- Total number of service connections: _____
- Total miles or feet of distribution pipe: _____ feet miles

Section 16. Emergency and Contingency Planning

All community PWSs are required to complete and maintain a contingency plan, in accordance with OAC Chapter 3745-85. The contingency plan must be reviewed at least annually and updated as necessary.

What page of your contingency plan includes the completed external contacts list (24-hr phone numbers for Ohio EPA, police, fire department, etc.)? _____

Section 17. 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 17.1 Source Water Assessment

The source water assessment 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 17.2 Source Water Protection Plan

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.*
- Not applicable.
 - a. Do you have an endorsed source water protection plan from Ohio EPA (e.g., your water system completed and submitted a source water protection plan and the plan was endorsed by Ohio EPA)?
 - Yes - Date of most recent review: _____ *Must be reviewed at least once every 3 years, or as specified in the plan. If changes are made to the protection plan during the review, submit a revised copy to the Ohio EPA district office within 60 days.*
 - No

Appendix A. Contact Information

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

Contact Name		Job Title/Contact Type: (check all that apply)
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Phone		<input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Village Administrator
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To whom does this person report?		<input type="checkbox"/> Operator
Credentials		<input type="checkbox"/> Sample Collector
Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other: _____	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Contact Name		Job Title/Contact Type: (check all that apply)
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Phone		<input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Village Administrator
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Water system job duties/responsibilities (req'd)	<input type="checkbox"/> Operations <input type="checkbox"/> Maintenance <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution Other: _____	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____