



# Noncommunity Asset Management Program

This template is intended for transient noncommunity (TNC) and nontransient noncommunity (NTNC) public water systems. It incorporates the Asset Management Program 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

### 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 16 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.*

<b>Contact Name</b>		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner
Address			<input type="checkbox"/> Property Owner
Phone			<input type="checkbox"/> Manager
Email			<input type="checkbox"/> Financial Contact
To whom does this person report?			<input type="checkbox"/> Water System Operator
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: _____		

<b>Contact Name</b>		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner
Address			<input type="checkbox"/> Property Owner
Phone			<input type="checkbox"/> Manager
Email			<input type="checkbox"/> Financial Contact
To whom does this person report?			<input type="checkbox"/> Water System Operator
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?*

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

**Section 4. Training Record**

*If applicable, attach training records or 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. 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 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

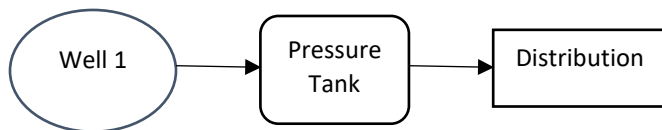
**Section 6. Water System Schematic**

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:

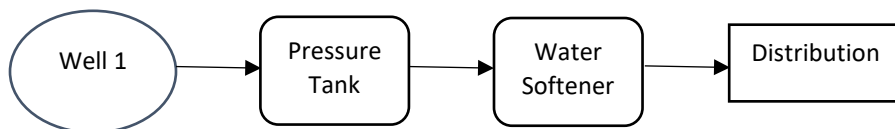
- Source (e.g., well),
- Pressure tank(s),
- Treatment equipment (e.g., water softener, chemical feed, filters)
- Storage tanks, and
- Distribution system (e.g., waterlines)

**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.

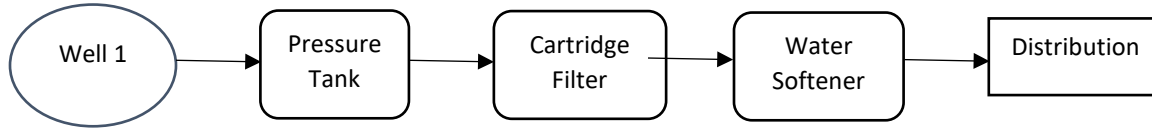
1. Well, pressure tank



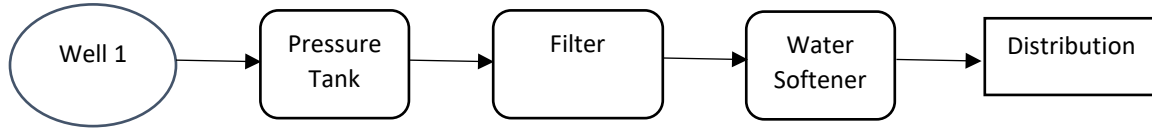
2. Well, pressure tank, softener



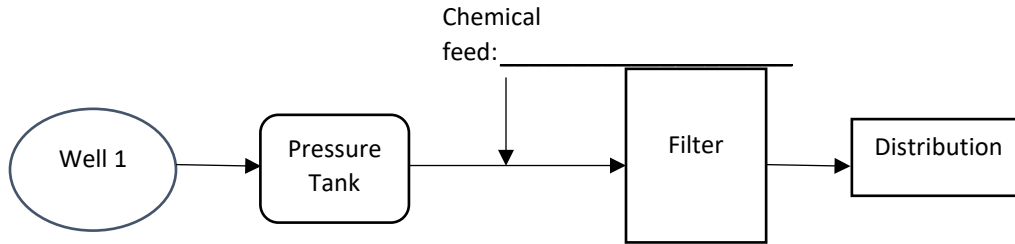
3. Well, pressure tank, cartridge filter, softener



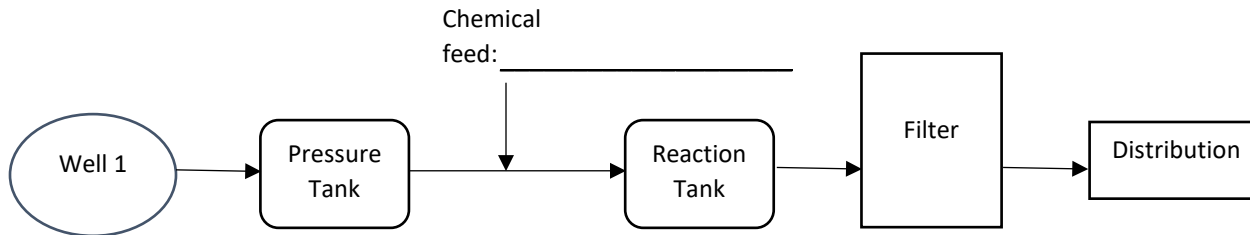
4. Well, pressure tank, filter, softener



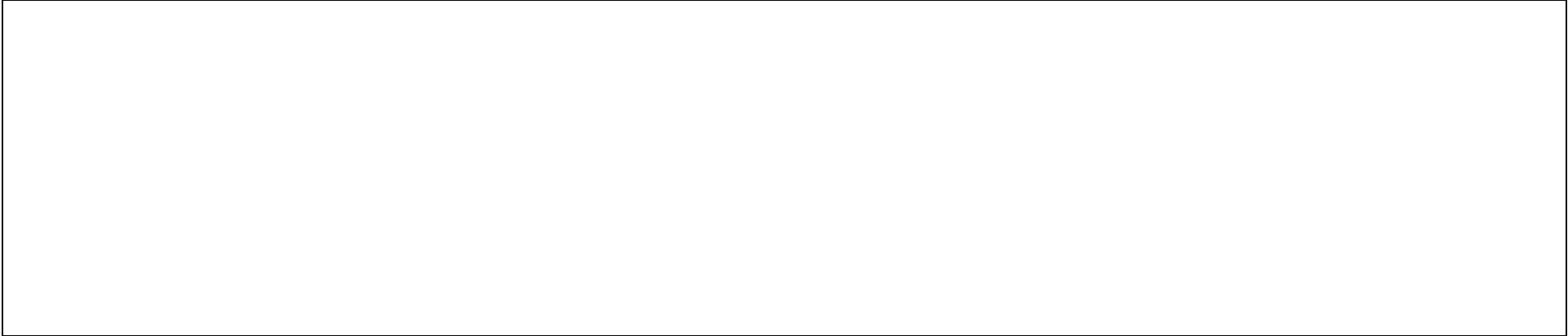
5. Well, pressure tank, chemical feed (list chemical below), filter



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



**Draw your own schematic:** (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 preexisting building map, engineering drawing, or satellite imagery (e.g., Google maps) can be used as a base for the map.*



**Section 8. Asset Inventory**

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

<sup>1</sup>**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.

<sup>2</sup>**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.**

<b>Table 1. Estimated Life Expectancy of Assets</b>	
<b>Asset</b>	<b>Life Expectancy (years)</b>
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.	

<b>Table 2. Condition Descriptions</b>	
<b>Condition</b>	<b>Description</b>
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.

**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: \_\_\_\_\_



**Section 10. Timeline for Repair, Rehabilitation, Replacement, and Expansion of Existing Assets (if applicable)**

Order to be Completed	Project Description <i>Describe, in order of priority, any repair, replacement, rehabilitation or expansion projects necessary based on the Asset Inventory (Section 8)</i>	Work Needed	Scheduled Completion Date	Actual Completion Date	Funding Source(s) <i>Describe how the project will be funded</i>
		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Any additional notes on work to be done: _____ _____			
		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Any additional notes on work to be done: _____ _____			
		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Any additional notes on work to be done: _____ _____			
		<input type="checkbox"/> Rehabilitate/Repair <input type="checkbox"/> Replace <input type="checkbox"/> Expand Any additional notes on work to be done: _____ _____			

**Section 11. Capital Improvement Plan**

**Section 11.1 Three to Five Year Capital Improvement Plan**

Are any water system projects planned/necessary during the next 3 to 5 years aside from the projects outlined in Section 10 above (“Timeline for Repair, Rehabilitation, Replacement, Expansion of Existing Assets”)?

Yes – Complete the following table describing the 3 to 5 year capital improvement plan

No – Explain: \_\_\_\_\_

<b>Project Description</b> <i>Describe any water system projects needed in the next 3 to 5 years (other than the projects outlined in Section 10 above)</i>	<b>Describe why the project is necessary, including the benefits of the project</b>	<b>Year Scheduled</b>	<b>Estimated Cost</b>	<b>Funding Source(s)</b> <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 – Complete the following table describing the 5 to 20 year capital improvement plan

No – Explain: \_\_\_\_\_

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

**Section 12. Funding**

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 Sections 10 and 11.1 (“Timeline for Repair, Rehabilitation, Replacement, and Expansion of Existing Assets” and “Three to Five Year Capital Improvement Plan”)?

Yes

No – Explain how the upcoming water system expenses will be paid: \_\_\_\_\_

\_\_\_\_\_

**Section 13. Written Policies**

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

**Section 13.1 Security**

1. Do you have documentation related to water system security (e.g., protecting water system equipment)?

Yes

Documentation is attached, or

Describe the location of the documentation: \_\_\_\_\_

No – Describe the security policies for the water system (e.g., equipment rooms locked, how often are areas with water system components patrolled, what measures have been taken to protect water system equipment from damage/vandalism (e.g., fencing)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not applicable – Explain: \_\_\_\_\_

For example, all of our water system components are intended to be accessible to the public (e.g., hand pump at a public park).

**Section 13.2 Use of Water System Equipment**

2. 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 – Explain (e.g., there is no equipment available for use): \_\_\_\_\_

\_\_\_\_\_

**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 – Explain: \_\_\_\_\_

(For example, we do not bill for water usage)

	<b>Routine Purchases</b> <i>Describe the procedure for routine purchases:</i>	<b>Emergency Purchases</b> <i>Describe the procedure for emergency purchases:</i>
<b>Section 13.4 Purchasing Authority and Procedures</b>		
a. Who is authorized to make purchases for water system repairs/replacements?		
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:		
	<b>Routine Purchases</b> <i>Describe the procedure for routine purchases:</i>	<b>Emergency Purchases</b> <i>Describe the procedure for emergency purchases:</i>
<b>Section 13.5 Contracting for Repairs/Replacements</b>		
a. Who is authorized to sign contracts for water system work?		
b. Is management/owner 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 (for example, owner establishes a contract, call for 3 quotes, evaluate quotes, select a vendor/contractor, ensure work is completed, etc.)		
d. Authorized amount to spend:		

**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 Standard Operating Procedures**

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

<b>Standard Operating Procedures to Ensure Daily Operation of Water System</b>	
<b>Work Completed</b> <i>(e.g., Describe checks performed, work completed, samples collected)</i>	<b>Frequency Completed</b> <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: _____
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	<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 15. Metrics**

Metric:	Annual Metrics Data				
	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.				
	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 16. Emergency and Contingency Planning**

**Section 16.1 Emergency Contacts**

The following people should be contacted, as applicable, if any of the emergency circumstances outlined in Section 16.2 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 17 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:	<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: _____

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Contacts	Describe <u>how</u> each contact will be notified	Describe <u>when</u> each contact will be notified
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 16.2 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 <sup>st</sup> 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: _____

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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?
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 <sup>st</sup> 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 <sup>st</sup> sample tap available after any treatment, and/or as directed by Ohio EPA <input type="checkbox"/> Other: _____
Exceedances of other MCLs (for nontransient noncommunity (NTNC) PWSs only)		<input type="checkbox"/> 1 <sup>st</sup> sample tap available after any treatment, and/or as directed by Ohio EPA <input type="checkbox"/> Other: _____
Exceedances of an action level (ALE) (for NTNC PWSs only)		
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 17. External Contacts**

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

<b>Contact Type</b>	<b>Contact Name</b>	<b>Day Time Phone Number(s)</b>	<b>After Hours Phone Number(s)</b>	<b>Email</b>
Ohio EPA District Office			1-800-282-9378	
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 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 18. 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 18.1 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 18.2 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.*
- Not applicable.
  - a. Do you have an endorsed source water protection plan from Ohio EPA (e.g., you completed and submitted a comprehensive plan beyond the protective strategies checklist and the plan was endorsed by Ohio EPA)?
    - Yes - Date of most recent review: \_\_\_\_\_  
*NTNC water systems must review it at least once every 3 years, or as specified in the plan.*
    - No

**Appendix A. Contact Information**

<b>Contact Name</b>		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner
Address			<input type="checkbox"/> Property Owner
Phone			<input type="checkbox"/> Manager
Email			<input type="checkbox"/> Financial Contact
To whom does this person report?			<input type="checkbox"/> Water System 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: _____		

<b>Contact Name</b>		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner
Address			<input type="checkbox"/> Property Owner
Phone			<input type="checkbox"/> Manager
Email			<input type="checkbox"/> Financial Contact
To whom does this person report?			<input type="checkbox"/> Water System 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: _____		

<b>Contact Name</b>		Contact Type: (check all that apply)	<input type="checkbox"/> Business Owner
Address			<input type="checkbox"/> Property Owner
Phone			<input type="checkbox"/> Manager
Email			<input type="checkbox"/> Financial Contact
To whom does this person report?			<input type="checkbox"/> Water System 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: _____		