



Noncommunity Asset Management Program

This template is intended for noncommunity public water systems. It incorporates the Asset Management Plan requirements in Ohio Administrative Code Rules 3745-87-03 and 3745-87-05.

Last Revision Date: _____

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

Public Water System Description

Number of Service Connections: _____ Source Type: Ground water Surface water
 Ground water purchased Surface water purchased

Number of People Served: _____

Interconnections: _____
 (List, if applicable)

Water System Usage

Average Daily Demand (gpd; estimate or if available): _____

The water usage in the next 5 years is expected to:

- Increase
- Decrease
- Stay the Same

Hours per day the system runs: _____

System capacity: _____

Limiting Factor for System Capacity: _____

Contact Information

Contact Type	Name	Phone	Email	Current Address
Business Owner				
Property Owner				
Manager				
Financial Contact				
Operator				
Sampler				
Maintenance				

Operating Plan

Describe or attach your succession plan for critical personnel. Attach any cooperative agreements and service contracts.

Table of Organization

Complete the following table.

<i>Title</i>	<i>Job Duties/Responsibilities</i>	<i>To whom does this person report?</i>	<i>Training Attended</i>	<i>Credentials</i>
Owner				
Manager				
Financial Contact				
Operator				
Sampler				
Maintenance				

Significant Deficiencies

Has Ohio EPA cited any significant deficiencies for your public water system that are unresolved? Yes No

If yes, list the significant deficiencies here and attach the letter(s) from Ohio EPA which includes the director approved schedule to correct each significant deficiency.

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External Contacts

Contact Type	Name	Day Time Phone Number(s)	After Hours Phone Number(s)	Email
Ohio EPA District Office			1-800-282-9378	
Ohio EPA Emergency Response		1-800-282-9378	1-800-282-9378	
Police				
Fire Department				
County EMA Director				
Contractors for Line Breaks				
Electric Power Supplier				
Electricians				
Well Drilling and Pump Service Contractors				
Mechanical Contractors				
Equipment and Chemical Suppliers				
Ohio EPA Certified Laboratories				
Local Health Districts				
OHWARN		419-966-3624		

How will the above emergency contacts list be utilized?

(Example: All contacts associated with the public water system will have the contact list.

Contracting and Purchasing Procedures for Water System Repair and Replacement.

(describe below or attach policy)

Routine Purchases	
Emergency Purchases	

Written Policies

(describe below or attach policy)

Billing practices and revenue collection	
Security	
Use of System Equipment	
Purchasing Authority	

Metrics

Year:	20____	20____	20____	20____	20____
System Pressure (specify the minimum pressure the system maintains at all times):					
Repair, rehab or replacement (emergency versus planned) tasks/year:					
Reserve funds:					
Number of days unable to serve water:					

Source Water

Source Water Assessment review date: *(required annually)* _____

Endorsed drinking water source protection checklist/plan review date: _____

(Checklist reviewed every 5 years or if you have an endorsed plan, reviewed every 3 years or sooner if there is a specified review date in the endorsed plan.) _____

Emergency and Contingency Planning

Location of contingency plan(s):

Check or mark N/A	Location of Contingency Plan
	Water Treatment plant in an accessible, secure location
	Public water system administrator's office

Contents of Emergency and Contingency Plan

Circumstance	Description of procedures to be followed including: Response and recovery (sampling plan, treatment option, and notification to public and government agencies).	Actions taken to restore water.	How might sampling point be selected in this circumstance.	Method of notification (Water Users, Ohio EPA, Local health department, Local EMAs)	Timing of notification (Water Users, Ohio EPA, Local health department, Local EMAs)
Pump or motor failure.					
Loss of water from a well or other water source.					
Line breaks that affect the routine delivery or treatment of water.					
Unplanned absence of operator.					
Contamination of source water including, but not limited to, releases of					

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oil and hazardous substances.					
Exceedances of a maximum contaminant level (MCL) or an action level (ALE)					
Violation of a treatment technique.					

Within five days of a request by the Ohio EPA, a copy of the contingency plan shall be submitted in a format acceptable to Ohio EPA.

___ Were records maintained documenting the time and method of notification for any of the above events?

If the circumstance triggers the activation of the contingency plan, public water systems shall do the following:

___ Follow the contingency plan to the extent the circumstances allow.

___ Notify the Ohio EPA immediately, but no later than twenty-four hours from the beginning of the situation requiring activation of the contingency plan.

The notification shall communicate that an emergency affecting the ability of the public water system to provide potable water exists.

Schematic

Draw below by hand or attach a schematic of the major components of the water system including source, treatment, storage and distribution as applicable. If you'd like to create the drawing using Word's line and shape tools, [please click here \(you may need to hold the CTRL button down on your keyboard when clicking the link\)](#). Be sure to save this form as well as the schematic file once you're done.

Asset	Life Expectancy (years)
Backflow Prevention	35-40
Blow-off Valves	35-40
Buildings	30-60
Chlorination Equipment	10-15
Computers	5
Distribution Pipes	35-40
Electrical Systems	7-10
Hydrants	40-60
Lab/Monitoring Equipment	5-7
Meters	10-15
Other Treatment Equipment	10-15
Pressure Tank	7-10
Pumps	10-15
Service Lines	30-50
Storage Tanks	30-60
Transportation Equipment	10
Valves	35-40
Wells	25-35

Operation and Maintenance Programs:

Attach the operation and maintenance programs of water system assets.

These programs should be in accordance with Chapter 3745-83-01(H) of the Ohio Administrative Code and the following in accordance with the rules 3745-87-03(B)(4) of the Ohio Administrative Code:

- (a) Standard operating procedures for daily operation of the facility.*
- (b) Maintenance schedules or supporting documentation of the maintenance performed for each of the following as applicable:*
 - (i) Wells, all raw-water reservoirs and intakes.*
 - (ii) Pump stations.*
 - (iii) Electrical equipment and controls.*
 - (iv) Water treatment facilities.*
 - (v) Water storage tanks and/or hydropneumatic tanks.*
 - (vi) Distribution system components, including hydrants and valves.*
 - (vii) Auxiliary power.*
- (c) Demonstration of an adequate maintenance log.*

Criteria and Timeline for Repair, Rehabilitation, Replacement and Expansion

(List criteria for determining repair, rehabilitation, replacement, and expansion below. These are determined by the public water system.)

Criteria

1. _____
2. _____
3. _____

Timeline for Repair, Rehabilitation, Replacement and Expansion

Asset (Listed in order of priority)	Criteria Met (# from Criteria list above)	Rehabilitation, Replacement, Repair, or Expansion?	Date To Be Completed	Funding Source(s)

Capital Improvement Planning

Attach three- to five-year Capital Improvement Plans for the water system.

The Capital Improvement Plans (CIP) should include the following in accordance with the rules 3745-87-03(B)(9) of the Ohio Administrative Code:

- (a) A CIP will include annual projections in three- to five-year planning horizons with detailed expenditures in each of those time frames.*
- (b) The projects should be listed by the year in which they are planned and include, at a minimum, the following information:*
 - (i) Description of the project.*
 - (ii) Need for, and benefits of, the project.*
 - (iii) Estimate of project cost, including design and construction.*
 - (iv) Funding sources.*

Attach a description and estimated cost of significant projected projects for the next 6 to 20 years.

Funding

System Debt:	
Reserve Account Amount: <i>(Should be enough to cover the system's most important asset.)</i>	
Number# of Months of Operating Monies on Hand:	