Ohio Environmental Protection Agency

Small Community Asset Management Program

(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: 07/01/2025)

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

Section 1. Asset Management Program Review and Locations

Asset management programs must 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		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Metrics Submitter: _____ ☐ Emergency Contact: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (required)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution Other:		

Contact Name		Job Title/Contact Type: (check all that apply)	
Address		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Other: _____ ☐ Other: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (required)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution Other:		
Contact Name		Job Title/Contact Type: (check all that apply)	
Address		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Other: _____ ☐ Other: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (required)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution 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):**
   ☐ Groundwater (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 two different public water systems (for example, a connection between two 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 five 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

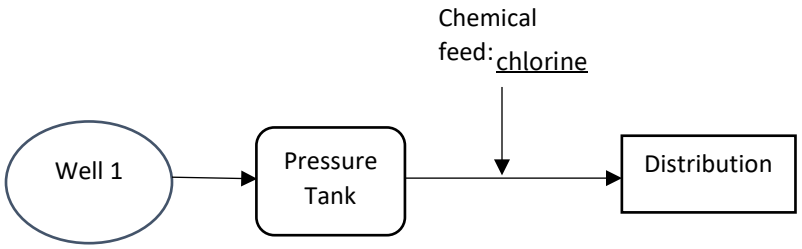
Section 6. Water System Schematic

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:

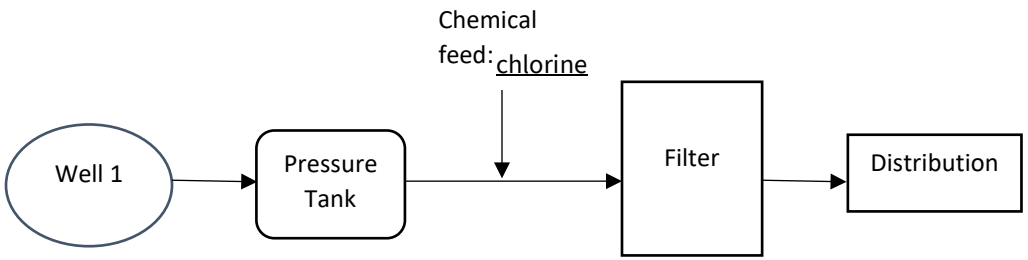
- *Source (e.g., well),*
- *Pressure tank(s),*
- *Treatment equipment (e.g., water softener, chemical feeds, filters, UV, ozone)*
- *Storage tanks, and*
- *Distribution system (e.g., waterlines)*

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:

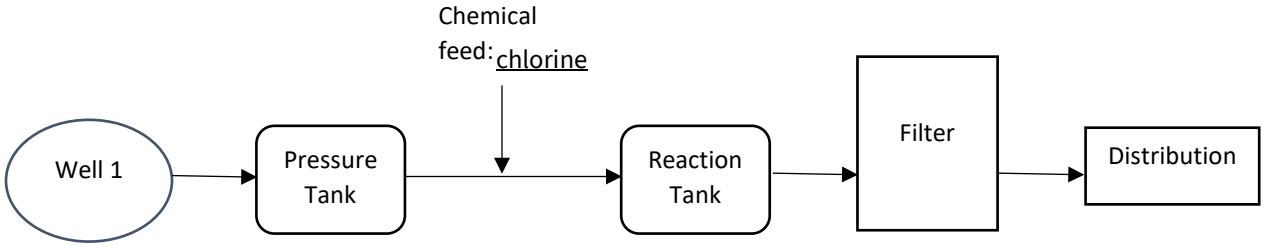
1. *Well, pressure tank, chemical feed (list chemical below)*



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.

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)	**Criticality**[1] (Scale of 1-5) 5 is most critical to function of water system	**Order of Priority**[2] (1 = highest priority, 2 = next highest, etc.) Poorer condition and higher criticality = higher priority
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ 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. Criticality is measured based on the potential consequences that would result if the asset were to fail, including financial, environmental, and social consequences.*

[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)	**Criticality**[1] (Scale of 1-5) 5 is most critical to function of water system	**Order of Priority**[2] (1 = highest priority, 2 = next highest, etc.) Poorer condition and higher criticality = higher priority
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor		
						☐ In use ☐ Available ☐ To be repaired	☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ 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.*

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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. EPA, 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 ***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)*	**Scheduled Completion Date**	**Funding Source(s)** *Describe how the project will be funded*

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 3-5 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 3-5 year capital improvement plan) ☐ No

Year Scheduled	**Project Description** ***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)*	**Describe why the project is necessary, including the benefits of the project**	**Year Scheduled**	**Estimated Cost** *Including design & construction*	**Funding Source(s)** *Describe how the project will be funded*

Section 11.2 Five to Twenty Year Capital Improvement Plan

Are any other significant water system projects planned for the next 5-20 years other than those described in Sections 10 and 11.1 above?

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

Project Description *Describe any significant water system projects anticipated in the next 5- 20 years (other than the projects outlined above)*	**Estimated Cost**

Section 12. Funding

1. 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

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

Financial Documentation (required)	**Document Storage Location** *Describe the location where the document is stored, or attach a copy*
Copy of the latest water rate ordinance/schedule, if applicable	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
Documentation of a water rate evaluation, if applicable (at minimum every five years)	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
Documentation of all customers being billed for water usage, if applicable	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
Five-year pro forma statement for the **next** five years with the following:	
1. Income statement, balance sheet, and statement of cash flow for the PWS operating fund	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
2. Amortization schedule of all PWS debt, including terms of all outstanding debt	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
3. Capitalization of long-term debt anticipated in the next five years	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
4. Any existing information demonstrating bond or credit rating	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ N/A, explain: _____
One of the following from the **past** five years: 1. Publicly owned water system: Copies of the past five years of Comprehensive Annual Financial Reports (CAFR) or substantively equivalent documents which describe the performance of the owner and water system, OR 2. Non-publicly owned water system: The financial statement for each of the past five years of operation. This must include assets, liabilities, income, expenditures, balances, and equity of the water system. *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).*	☐ Copy attached, or ☐ Describe location where document is stored: _____ ☐ 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** *Describe the procedure:*	**Emergency Repairs/Replacements** *Note: Community public water systems are required to have funds available and immediately accessible for emergency use.*
a. Who is authorized to make purchases for water system repairs/replacements?		
a. Authorized amount to spend:		
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?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ Not applicable
d. If yes, describe the approval process:		
13.5 Contracting	**Routine Repairs/Replacements** *Describe the procedure:*	**Emergency Repairs/Replacements** *Describe the procedure:*
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?	☐ Yes ☐ No ☐ Not applicable	☐ Yes ☐ No ☐ 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 *(e.g., Describe checks performed, work completed, samples collected)*	**Day(s) of the Week Work Performed**
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat
	☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat

Section 14.2 Maintenance Log

Include the maintenance schedule or supporting documentation of work performed for each asset, as applicable (e.g., maintenance on wells, storage tanks, pressure tanks, water treatment facilities/equipment, distribution system components including valves and hydrants, auxiliary power, pump stations, electrical equipment)

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

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 (in gallons)** (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)	**Time spent on planned maintenance tasks on vertical assets[1]** (in hours) (e.g., routine)	**Time spent on unplanned maintenance tasks on vertical assets[1]** (in hours) (e.g., emergency)
Jan.								
Feb.								
Mar.								
Apr.								
May								
June								
July								
Aug.								
Sept.								
Oct.								
Nov.								
Dec.								
Total:								

[1]Vertical 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

1. Total number of service connections: _____
2. Total feet of distribution pipe: _____ ☐ feet ☐

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 *(Required at least annually)*					

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 five 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: _____ M*ust be reviewed at least once every three 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		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Metrics Submitter: _____ ☐ Emergency Contact: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (req'd)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution Other:		
Contact Name		Job Title/Contact Type: (check all that apply)	
Address		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Other: _____ ☐ Other: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (req'd)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution Other:		
Contact Name		Job Title/Contact Type: (check all that apply)	
Address		☐ Manager ☐ Maintenance Staff ☐ Business Owner ☐ Operator	☐ Mayor ☐ Village Administrator ☐ Financial Contact
Phone			
Email			
To whom does this person report?		☐ Sample Collector ☐ Other: _____ ☐ Other: _____ ☐ Other: _____	
Credentials			
Water system job duties/responsibilities (req'd)	☐ Operations ☐ Maintenance ☐ Treatment ☐ Distribution Other:		