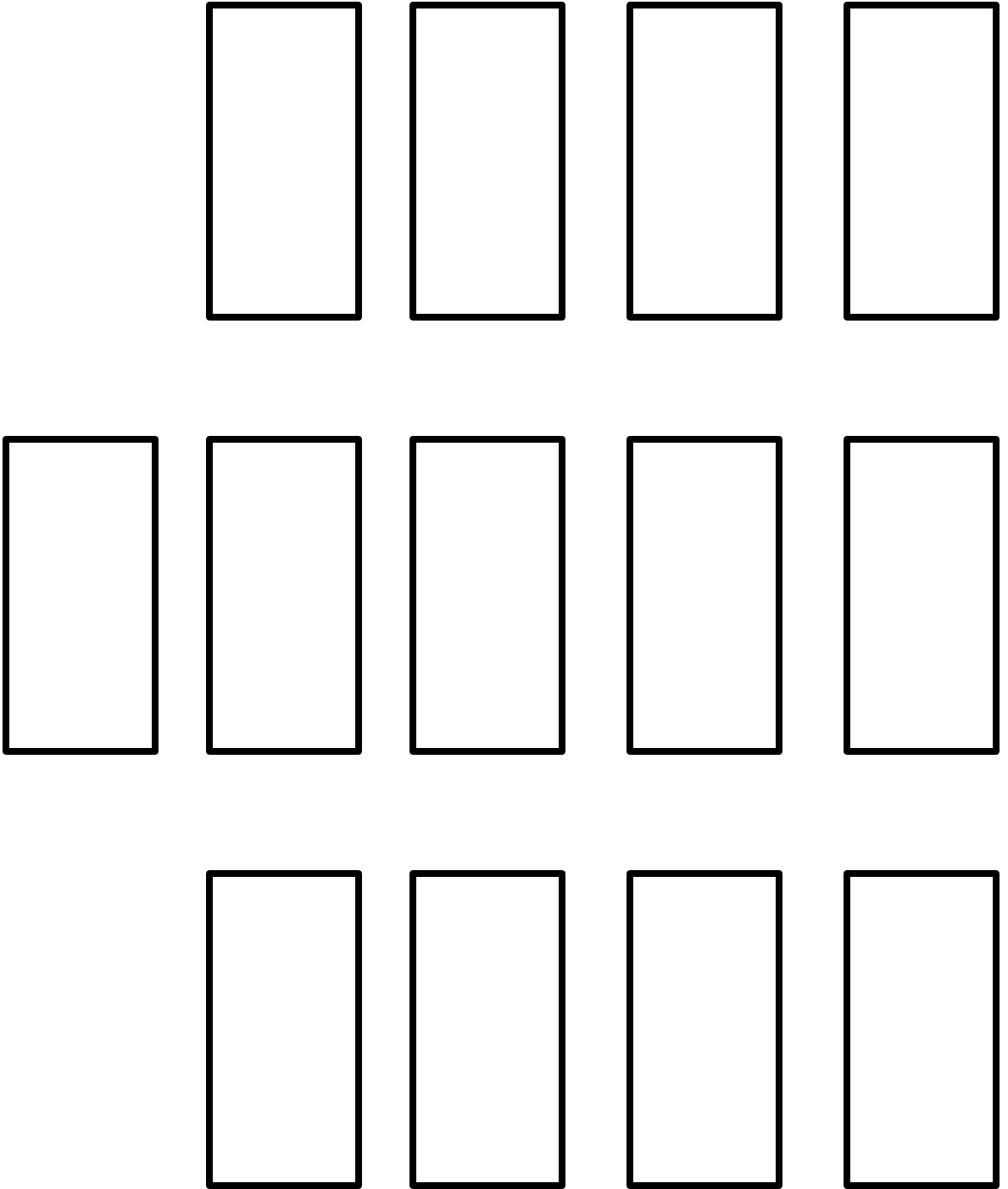


General System Information

Water System Name	
System identification Number (PWSID)	
Location/Town	
System Owner	
System ORC	

Contact Name	Contact Position	Contact Address	Contact Phone Number	Contact Email

Organizational Chart



Name:

List of Primary Responsibilities:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Requirements or Certifications

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

List of Additional Responsibilities:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

_____ **Process Flow Diagram**

Master Planning Template - Understanding Your Role as an Operator in Master Planning

Topic	Questions to Ask Yourself	Who Has Primary Responsibility for This?	What is My Role as Operator
<p>Source Water</p>	<ul style="list-style-type: none"> Do you have enough source water to meet projected needs over the next 20 years? 		
	<ul style="list-style-type: none"> Do you have a source water protection program in place? 		
	<ul style="list-style-type: none"> Is the capacity of the system appropriate to meet water demands through the next 20 years? 		
<p>Facilities and Resources</p>	<ul style="list-style-type: none"> Is the capacity of your pumping system and distribution system adequate? 		
	<ul style="list-style-type: none"> Is your system in compliance with all applicable Federal and State of CO regulations? 		
	<ul style="list-style-type: none"> Does your system have certified personnel adequate for now and in the future? 		
<p>Fire Protection</p>	<ul style="list-style-type: none"> Does your system prepare an annual budget? 		
	<ul style="list-style-type: none"> Does the water system have adequate storage to provide water to all customers and meet fire flow requirements? 		

List of Available O&M Resources

Activity	Resources					
	SOP		Manufacturer's Specification		Log/Record Keeping Form	
	Have	Need	Have	Need	Have	Need
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Routine Operations Log for PWSID# _____

	Date	Time	Operator Initials	Chlorine Residual	Influent meter reading	Flow (gpm)	Pump setting	Solution tank level	Comments	Response actions taken
			TARGET							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Maintenance Item	
Vendor Contact #	
Model #	
Serial #	
Installation Date	
Installation Location	

Maintenance

Maintenance Activity	Date Performed	Notes/Costs

Spare Parts

Spare Part List (From Manufacturer)		Spare Parts Inventory	
Part	Item #	Part	Number of Spare Parts

Date worksheet last updated:

System Inventory Worksheet

Asset	Location	Manufacturer Name/Contact Information	Date in Service	Condition

Briefly describe the condition of each asset. Focus especially on conditions that may influence the useful life (for example: rust or broken parts)

Revenue/Income	2011	2012	2013	2014	2015	Expenses	2011	2012	2013	2014	2015
Rates						Operations and Maintenance					
Fees and Services						Salaries and Benefits					
Hookup Charges						Contract Operation					
Grants & Loans - e.g. SRF						Maintenance					
Other Sources - e.g. interest						Power and Other Utilities					
						Regulatory Fees					
						Treatment Chemicals					
						Monitoring/Testing					
						Transportation					
						Materials, Supplies, and Parts					
						Office Supplies					
						Miscellaneous					
						General and Administrative					
						Engineering and Professional Services					
						Insurance					
						Debt Service					
						Miscellaneous					
						Reserve Funds					
						O&M Reserve					
						CIP Reserve					
						Other Reserve					
						Capital Projects					
						Multi-year/Recurring					
						One time					
Total Revenue/Income	\$ -	\$ -	\$ -	\$ -	\$ -	Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -

Number of Customers:
Average Monthly Revenue Needed per Customer:
 (total expenses ÷ # of customers ÷ 12)

2011	2012	2013	2014	2015

Asset Management Plan										
	Description		Prioritization			Funding				
Asset ¹	Activity Type	Explanation	Justification	Years until Action Needed	Priority	Rank	Total Estimated Cost	Cost Per Year	Type of Expense	Funding Source ²
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other
	<input type="checkbox"/> Purchase <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> Other				<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> O&M <input type="checkbox"/> Capital <input type="checkbox"/> One time <input type="checkbox"/> Recurring	<input type="checkbox"/> O&M <input type="checkbox"/> CIP <input type="checkbox"/> Loan <input type="checkbox"/> Other

¹ Assesst from Asset Inventory

² For Budget Template