*This form is intended to assist owners or administrators of community water systems in identifying and documenting the assignment of system operation and maintenance tasks. It will clarify the division of responsibilities. The system owner or administrator will remain the responsible party to ensure that all tasks are properly completed.* **Please complete the form and submit to the EGLE District Office.**

**Completing the Form**  
The first step in completing this form should be filling in the list of organizations and representatives on page 7 in the Acknowledgement and Signatures section. The system owner, operator in charge (OIC), and all other contractors providing services to the water system **must** be listed. The label for the parties other than the owner and OIC can be customized to make it easier to reference. Once the parties are listed in the table, the rest of the form can be completed. Each row of the sections below should be filled out with the person responsible for completing the task described. The label associated with that person should be written into the box provided. Once all rows are filled in, all parties should then review the form and sign where designated to acknowledge their responsibilities. Please keep in mind that this form is not intended to replace associated legal documents, such as service contracts. Further instructions are available on pages 8-9.

**Personnel**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System Name | |  | | | | Owner/Administrator | | | | | |  | | | |
| WSSN |  | | | | | Title | | | |  | | | | | |
| Population Served | | |  | | | Operator in Charge | | | | |  | | | | |
| Treatment Capacity (MGD) | | | | |  | OIC Certifications(s) | | | | | |  | | | |
| Distribution Classification | | | |  | | Other(s) (if applicable) | | | | | | |  | | |
| Treatment Classification\* | | | |  | | |  | |  | | | | | | |
| \*See instructions page 8 for classification information | | | | | | Organization(s) (if applicable) | | | | | | | |  | |
|  | | | | | | |  |  | | | | | | | |
|  | | | | | | | Representative(s) (if applicable) | | | | | | | |  |
|  | | | | | | | |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Notification to EGLE of change in OIC (Within 7 days of occurrence) | **Owner** | As-Needed |
| Notification to EGLE and supply of change in  operator certification | **OIC** | As-Needed |
| Properly certified operator overseeing the system | **Owner** | Continuous |
| Evaluate system operations/operator responsibilities | **Owner** | Continuous |

**Education**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Operator maintains certifications and CEC requirements | **OIC** | Continuous |
| Meet education requirements necessary to maintain certification and technical proficiency | **OIC** | Continuous |
| Support operator’s efforts to maintain certification and technical proficiency | **Owner** | Continuous |
| Maintain an understanding of a water supply owner’s responsibilities | **Owner** | Continuous |

**Reporting and Recordkeeping**

**CCR Preparation and Submission**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Compile data |  | Annual |
| Prepare CCR |  | Annual |
| Distribute CCR to customers, local health department,  and EGLE |  | Annual |
| Prepare and submit Certificate of Delivery to EGLE |  | Annual |

**Annual Pumpage Report**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Collect operational data  (pumpage, pressure readings, etc.) |  | At Least Monthly |
| Compile data |  | Annual |
| Prepare report |  | Annual |
| Submit report to EGLE |  | Annual |

**Monthly Operation Reports**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Perform and record daily operational monitoring |  | Daily |
| Provide training and oversight to produce trustworthy collection and recording of daily operational monitoring | **OIC** | Continuous |
| Perform and record operational monitoring during OIC visits | **OIC** | Weekly |
| Prepare, sign, and submit MOR to EGLE | **OIC** | Monthly |
| Follow suggested practice for water works design, construction, and operation for Type I public water supplies |  | Continuous |

**Cross Connections**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Coordinate inspections and send mailings |  | Continuous |
| Conduct inspections |  | Continuous |
| Coordinate device testing and send mailings |  | Continuous |
| Conduct device testing |  | Continuous |
| Collect and store records regarding inspections and testing | **Owner** | Continuous |
| Prepare and submit cross connection annual report to EGLE |  | Annually |

**Water Sampling and Lab Reports**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Collection and submission of lab samples for analysis |  | According to Schedule |
| Submission of lab results to EGLE |  | Continuous |
| Retention of lab results in accordance with Safe Drinking Water Act requirements | **Owner** | Continuous |
| Prepare public notice documents |  | As-Needed |
| Distribute public notice documents |  | As-Needed |

**Lead and Copper Reporting**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Collection and submission of lab samples for analysis |  | According to Schedule |
| Compile data for reports |  | Various |
| Prepare reports |  | Various |
| Submit reports to EGLE |  | Various |
| Notify customers of lead and copper results |  | As-Needed |

**Sample Siting Plans**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Develop and prepare sample siting plans for  all necessary parameters |  | As-Needed |
| Submit sample siting plans to EGLE |  | As-Needed |
| Establish and maintain a working knowledge of the sample siting plans including: sample locations, frequency, and triggered follow-up actions | **Owner & OIC** | Continuous |

**General Information**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Maintain accurate contact information in file with EGLE |  | Continuous |
| Maintain an accurate inventory of water supply related information with EGLE (Including population, service connection count, facility info) |  | Continuous |

**Planning**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Prepare Water Supply Operations Budget and review budget and rates annually |  | Continuous |
| Update Asset Management and Capital Improvement Plans and deliver to EGLE |  | Continuous |
| Update General Plan and Reliability Study  and deliver to EGLE |  | Minimally  every 5 years |
| Update Emergency Response Plan and deliver to EGLE |  | As-Needed |
| Develop/update SOP’s and O&M manuals |  | As-Needed |
| Develop/update Standard Specifications and submit to EGLE for approval |  | As-Needed |

**Operations Oversight of Construction Projects,   
Flushing, and Other Distribution Projects**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Review treatment processes, operational data, and make decisions about chemical dosage | **OIC** | Continuous |
| Investigate water quality complaints |  | As-Needed |

**Regulation**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Prepare public notices |  | As-Needed |
| Distribute public notices |  | As-Needed |
| Conduct additional sampling when necessary and follow-up |  | As-Needed |
| Attend inspection and sanitary survey with EGLE | **OIC** | As-Needed |
| Obtain EGLE approval and notify EGLE of changes in ownership of the water supply | **Owner** | As-Needed |
| Authorize and submit permit applications to EGLE  for water supply modifications | **Owner** | As-Needed |
| Ensure detectable chlorine residual is present at sampling points in distribution system |  | As-Needed |

**Maintenance**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Perform preventative routine maintenance including, but not limited to, treatment facilities, distribution systems, storage tanks, booster stations, pumps and pump stations. |  | Continuous |
| Oversee preventative routine maintenance including, but not limited to, treatment facilities, distribution systems, storage tanks, booster stations, pumps and pump stations. |  | Continuous |
| Coordinate or make repairs or replacement of infrastructure  -Main breaks  -Service lines  -Wells  -Well Housing piping, pumps, and tanks |  | As-Needed |
| Prepare and implement flushing schedule |  | As-Needed |

**Emergencies and Security**

|  |  |  |
| --- | --- | --- |
|  | Responsible Party | Frequency |
| Respond to emergencies in an appropriate amount of time (Available 24/7) |  | As-Needed |
| Arrange and coordinate emergency repairs |  | As-Needed |
| Work with EGLE and other relevant agencies to establish a course of action to return to normal operation during/following an emergency event |  | As-Needed |
| Prepare an after-action report describing the events,  actions taken, and improvements for the future  (within 90 days of event) |  | As-Needed |
| If a security issue arises (tank/wellhouse breach), notify EGLE and discuss follow-up actions |  | As-Needed |
| Update the system’s emergency response plan as needed and submit to EGLE |  | As-Needed |

**Acknowledgement and Signatures**

By signing below, I acknowledge that I have reviewed the tasks designated above and agree with the assignments as shown. This form is not intended to replace service contracts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Label | Organization | Representative | Signature | Date |
| Owner | Water Supply XYZ | Owner |  |  |
| OIC | Contractor ABC | OIC |  |  |
| Non-Owner |  |  |  |  |
| A | Property Management Company | Maintenance Person |  |  |
| B | Cross Connection Contractor | Joe Backflow |  |  |
| C |  |  |  |  |
| D |  |  |  |  |
| E |  |  |  |  |
| F |  |  |  |  |

**Instructions**

**Determining the Classification of a Water System**

**Distribution Classification**To determine a system’s distribution classification, the population served by the system must be known. Simply find the appropriate row in the table below that corresponds to the population served by the system and follow that row over to find the classification for the system.

|  |  |
| --- | --- |
| Distribution Classification | |
| Population | Class |
| >20,000 | S-1 |
| 4,000 to 20,000 | S-2 |
| 1,000 to 4,000 | S-3 |
| <1,000 | S-4 |
| NTNC with no treatment or a CWS with no treatment and distribution system limited in extent | S-5 |

Example: A system serves 2,000 people. To determine the proper classification, we find the row that corresponds to the population served by the system. A population of 2,000 falls on the row containing “1,000 to 4,000” in the population column. Follow this row to where it intersects with the “Class” column and we see that the system should be classified as a S-3 system.

**Treatment Classification**To determine a system’s treatment classification, both the population and treatment capacity are required. First, find the column in the table below that represents the type of treatment employed by the system. Limited treatment systems will be classified as “D” and a complete treatment system will be classified as “F.” Find the rows that correspond to the system’s population and treatment capacity. These may be on different rows. If different, follow the row that is closer to the top of the table and represents a higher classification (lower number). Where this row crosses the appropriate treatment column shows the treatment classification for the system.

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment Classification | | | |
| Population | Treatment Capacity | Limited Treatment Class | Complete Treatment Class |
| >20,000 | >5 MGD | D-1 | F-1 |
| 4,000 to 20,000 | 2 to 5 MGD | D-2 | F-2 |
| 1,000 to 4,000 | 0.5 to 2 MGD | D-3 | F-3 |
| <1,000 | <0.5 MGD | D-4 | F-4 |
| NC with Limited Treatment | Any | D-5 | F-5 |

Example: A groundwater supply that feeds chlorine (limited treatment system) serves 2,000 people and has a treatment capacity of 3 MGD. To determine the proper classification, we first determine which “Class” column we need to reference. Since this is a limited treatment system, we will use the third column labeled “Limited Treatment Class.” Next, let’s find the rows we need. A population of 2,000 falls on the row containing “1,000to 4,000” in the population column. The treatment capacity was provided at 3 MGD. The capacity corresponds to the row containing “2 to 5 MGD” in the treatment capacity column. Since this row is closer to the top of the table, this is the one we use to determine the classification. When we find where the row containing “2 to 5 MGD” intersects with the “Limited Treatment Class” column, we see that the system should be classified as a D-2 system.

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If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.