

**Water Asset Management Council
Drinking Water Asset Management Survey**

Please answer all questions. Not available can be used for an answer when necessary.

A. GENERAL INFORMATION

A.1 Name of Utility:
Please identify the specific name of your utility as used by EGLE

A.2 Responder Information
Name:
Title:
Email:
Phone No.:

A.3 System WSSN No.:

B. SYSTEM OWNERSHIP

B.1 Do you own or operate your own water system ?

Treatment	<input type="text"/>	Own	<input type="text"/>	Operate	<input type="text"/>	Neither
Transmission	<input type="text"/>	Own	<input type="text"/>	Operate	<input type="text"/>	Neither
Distribution	<input type="text"/>	Own	<input type="text"/>	Operate	<input type="text"/>	Neither

B.2 Do you receive water from another municipality, multi-jurisdictional system, or regional system?
 Yes No
System Name:

B.3 Do you supply water to other municipalities/Systems?
 Yes No
If yes, how many:

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C. SYSTEM INVENTORY

C.1 Do you have a GIS database for your water system?
 Yes No

C.2 Please indicate the total feet of pipe installed.
Includes transmission and distribution but does not include lateral service lines.

Water Main Size (inches)	Water Main Length (feet)						
	Asbestos Cement	Cast Iron	Ductile Iron	High Density Polyethylene	Polyvinyl Chloride	Other	Unknown Material
< 8"							
8" - 10"							
12"-16"							
20"-24"							
30"-42"							
48"-60"							
> 60"							
Unknown Size							

C.3 Please indicate the total age of pipe installed.
Includes transmission and distribution but does not include lateral service lines.

Installation Date	Water Main Length (feet)
Prior to 1900	
1900s	
1910s	
1920s	
1930s	
1940s	
1950s	
1960s	
1970s	
1980s	
1990s	
2000s	
2010s	
2020s	
Unknown Age	

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C.4 Please indicate the number of the following assets in your system:

Water Treatment Plant: _____
 Public Wells: _____
 Gate Valves: _____
 Hydrants: _____
 Booster/Pump Stations: _____
 Storage Facilities: _____
 Pressure Reducing Valves: _____
 Billing Meters to/from other systems: _____
 Emergency Connections: _____
 Other: _____ Describe: _____
 Other: _____ Describe: _____

C.5 Please indicate the number of lead service lines in your system:

Known: _____
 Unknown: _____

D. SYSTEM BUSINESS RISK EXPOSURE (BRE)

D.1 Please indicate the number of watermain breaks that occurred in your system

Last year: _____ On average (Over the past 5 years): _____

D.2 Please indicate the Pipe Probability of Failure (POF) rating by footage:

Please indicate the footage of pipe that falls under each rating with 1 being the best condition and 5 being the worst

	Pipe Probability of Failure Rating					
	5 Very High	4 High	3 Moderate	2 Low	1 Very Low	Unknown
Total Footage (ft)	_____	_____	_____	_____	_____	_____

D.3 Please indicate which criteria were used to develop the Pipe POF:

_____ N/A
 _____ Physical Inspection
 _____ Watermain Break History
 _____ Age of Pipe
 _____ Hazen-Williams C Factor
 _____ Other Specify: _____

D.4 Please indicate the Pipe Consequence of Failure (COF) rating by footage:

Please indicate the footage of pipe that falls under each rating with 1 being the best condition and 5 being the worst

	Pipe Consequence of Failure Rating					
	5 Very High	4 High	3 Moderate	2 Low	1 Very Low	Unknown
Total Footage (ft)	_____	_____	_____	_____	_____	_____

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D.5 Please indicate which criteria were used to develop the Pipe COF:

<input type="checkbox"/>	N/A	
<input type="checkbox"/>	Pipe Diameter	
<input type="checkbox"/>	Location In System	
<input type="checkbox"/>	Accessibility	
<input type="checkbox"/>	Customer Impact	
<input type="checkbox"/>	Other	Specify: <input type="text"/>
		<input type="text"/>
		<input type="text"/>

D.6 Calculated BRE rating by footage:

	Total Footage
High Priority (15-25)	<input type="text"/>
Medium Priority (5-15)	<input type="text"/>
Low Priority (1-4)	<input type="text"/>

D.7 Please indicate the overall POF and COF ratings for each vertical asset:

	POF	COF
Booster/Pump Stations:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Storage Facility:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Meter Chambers:		
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
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Name: <input type="text"/>	<input type="text"/>	<input type="text"/>
Name: <input type="text"/>	<input type="text"/>	<input type="text"/>

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PRV Chambers:

Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			

Emergency Connections:

Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			

D.8 Please indicate the POF and COF ratings for each overall process at the Water Treatment Plant:

Process:			
Process:			
Process:			
Process:			
Process:			
Process:			

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E. CAPITAL FUNDING FOR WATER

E.1 Please indicate the replacement values (in current \$) of your water assets based on the following categories:

Water Treatment Plant:	
Public Wells:	
Transmission/Distribution System:	
Booster/Pump Stations:	
Storage Facilities:	
Pressure Reducing Valves:	
Billing Meters to/from other systems:	
Emergency Connections	
Other:	
Other:	
Total:	

Describe: _____
Describe: _____

E.2 Please indicate the footage of Pipe you plan to replace/rehabilitate

	Annual Avg over next 5 years
Footage (ft)	
Budget (\$)	

E.3 Please indicate the number of lead service lines you plan to replace

	Annual Avg over next 5 years
Number of lines	
Budget (\$)	

E.4 Please indicate your anticipated water CIP Budget (in current \$)

	Annual Avg over next 5 years
Water CIP Budget (\$)	

E.5 Please indicate your anticipated water O&M Budget

	Annual Avg over next 5 years
Water O&M Budget (\$)	

E.6 Please indicate your anticipated water revenue

	Annual Avg over next 5 years
Water Revenue (\$)	

E.7 If funding was available, what would your total investment in your water system be?

	Annual Avg over next 5 years
Water Investment (\$)	

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F. LEVEL OF SERVICE (LOS)

F.1 Have you developed LOS goals for your water system targes in order of importance to your system?

Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Transmission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

F.2 Please indicate how far your system is toward reaching its LOS goals for each of the categories

	Treatment	Transmission	Distribution
Reliability/Resiliency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsiveness	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Environmental Impact	<input type="text"/>	<input type="text"/>	<input type="text"/>
Affordability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compliance	<input type="text"/>	<input type="text"/>	<input type="text"/>

0 = system has NOT developed LOS goals
 1 = system has developed LOS goals but no action has been taken
 2 = system has developed LOS goals but limited action has been taken
 3 = system is halfway towards meeting the LOS goals
 4 = system has made significant progress in meeting the LOS goals.
 5 = system has reached the desired LOS goals and maintains that level.
 NA means that this information is NOT AVAILABLE

F.3 Please rank the following impediments toward reaching your desired LOS

(1 being Low impact, 5 being High impact.)

Staffing	<input type="text"/>	specify <input type="text"/>
Limited Funds	<input type="text"/>	
Training	<input type="text"/>	
Other	<input type="text"/>	

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G. COORDINATION

G.1 Are you currently coordinating efforts with other utilities/jurisdictions
 Yes No

G.2 With what other utilities/jurisdictions do you have ongoing efforts for coordination?

None	<input type="checkbox"/>	
Neighboring Communities	<input type="checkbox"/>	
Utility Agencies	<input type="checkbox"/>	
Road Agencies	<input type="checkbox"/>	
Other	<input type="checkbox"/>	specify <input type="text"/>
		<input type="text"/>

G.3 Please specify when do you coordinate with these agencies

None	<input type="checkbox"/>	
During CIP Planning	<input type="checkbox"/>	
During Designing	<input type="checkbox"/>	
During Construction	<input type="checkbox"/>	
Other	<input type="checkbox"/>	specify <input type="text"/>
		<input type="text"/>

G.4 Do you currently use the MIC project portal for coordinating activities
 Yes No

G.5 Do you plan on using the MIC project portal for coordinating activities in the future?
 Yes No

G.6 Please specify what activities are currently coordinated?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

G.7 Do you plan to coordinate activities in the future? If yes, please specify

<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Thank you for taking the time to complete this Survey.

[SUBMIT](#)