

Assessor/Sampler's Name	Date/Time	Rain Within Last Week Yes No
Farm/Ranch/Block	Source Type Surface Ground	Amount of Rainfall (in)
GPS Lat/Long	Irrigation Type Sprinkler Drip Micro Furrow Flood Other	
Covered Crop(s)	If "Other", specify:	

SECTION 1: Water Source Inspection	<i>Record your observations in the source section(s) that apply to your operation.</i>
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A. CANAL (Surface)					
Delivery Type Gate Pump Box Other If "Other", specify:	Intake Condition No Maintenance Needed Maintenance Needed Action taken:				
Structure Type (1/4 mile upstream) Lined Riprap Earthen Mix Other If "Other", specify:	<table border="1"> <tr> <td>Turbidity Clear Cloudy Muddy</td> <td>Sample Point Location Canal Pump Valve</td> </tr> <tr> <td>Filtration Prior to Irrigation Yes No</td> <td>Algae Yes No</td> </tr> </table>	Turbidity Clear Cloudy Muddy	Sample Point Location Canal Pump Valve	Filtration Prior to Irrigation Yes No	Algae Yes No
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Filtration Prior to Irrigation Yes No	Algae Yes No				

Observations & Notes	Filtration Material Sand (media) Mesh Screen Other _____
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B. WELL (Ground)	
Backflow Prevention Yes No If "No", action taken:	Casing Intact Yes No If "No", action taken:
Well Depth (ft)	Filtration Prior to Irrigation Yes No
Wellhead covered Yes No	Filtration Material Sand (media) Mesh Screen Other Screen
Well Cap Intact Yes No If "No", action taken:	Burrows/Nests Yes No If "Yes", location and action taken:

Observations & Notes

C. POND OR RESERVOIR (Surface)	
Use Primary Secondary	Treated Yes No
Source (pumped from) Surface Water Canal Turnout Ground	Frequency Weekly Monthly Seasonally
Lined Yes No	If "Yes", substance:
Lined Material Concrete Fabric Mix N/A	Algae Yes No
	% Full 25 50 75 100

C. POND OR RESERVOIR (Surface) CONT.

Breaks/Leaks in Pipes

Yes No

If "Yes", action taken:

Backflow Prevention

Yes No

If "No", action taken:

Filtration

Yes No

Sample Point Location

Reservoir Spigot/Valve Other

Filtration Material

Sand (media) Mesh Screen Other _____

Fenced

Yes No

Observations & Notes

SECTION 2: Environmental Assessment

For Section 1:A users, look within ¼ mile upstream and 50 yards to either side of the sample point; for Section 1:B or C, look 100 yards in every direction around the source. Record your observations here.

Wildlife

Yes No

If "Yes", specify:

Domestic Animals

Yes No

If "Yes", specify:

Feces Present

Yes No

Standing Water

Yes No

Location of Standing Water:

Manure Composting

Yes No

If "Yes", action taken:

Upstream Potential Hazards

Canal Maintenance Bridge Livestock Dairy
Poultry Waste Treatment Confluence
Residential (septic) Manure Irrigation

General description(s) & distance(s) from source:

Nearby Land Uses

Residential Poultry Waste Treatment
Silage Livestock Dairy Manure Irrigation
PSR-covered Crop(s) PSR-exempt Crop(s)

General description(s) & distance(s) from source:

Observations & Notes

SECTION 3: Water Distribution (System) Inspection

Complete this section with observations from your operation.

A. STORED IRRIGATION EQUIPMENT

Irrigation Equipment Storage

Off Ground On Ground Covered

Cleaning Material

Hot Water Cold Water Sanitizer

Irrigation Equipment Clean

Yes No

If "Sanitizer", name substance:

Observations & Notes

B. ACTIVE IRRIGATION EQUIPMENT

Backflow Prevention

Yes No

If "No", action taken:

Breaks/Leaks in Equipment

Yes No

If "Yes", action taken:

Location of Breaks/Leaks:

Observations & Notes