

# Verification of Water Sources and Safety

Ranch Location \_\_\_\_\_

Water	Irrigation Water Primary Source	Irrigation Water Secondary Source	Pesticide and Foliar Application Source	Hand Washing Water Source	Drinking Water Source
Source: capped well/uncapped well	<input type="checkbox"/> yes <input type="checkbox"/> no				
Open source: canal, reservoir, pond, etc.	<input type="checkbox"/> yes <input type="checkbox"/> no				
Source: municipal district water	<input type="checkbox"/> yes <input type="checkbox"/> no				
Irrigation water: drip	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Irrigation system: overhead	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Irrigation system: flood	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
Describe filtration system location (attach diagram)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

List Applicable Dates for Each Category

Capped well annual test					
Uncapped well, canal, reservoir, pond, etc. quarterly test					
Municipal district quality report					
Corrective action & date taken; chlorinate, disinfect, filter, etc.					
List potential risks from adjacent land (attach sheets as necessary)					

This form is only a sample and should be modified to meet the needs of your particular operation.