EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: 10

SITE NUMBER (to be assigned by HQ):

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Soda Springs Plant

B. STREET (or other identifier): P.O. Box 816

C. CITY: Soda Springs

D. STATE: Id

E. ZIP CODE: 83276

F. COUNTY NAME: Caribou

G. SITE OPERATOR INFORMATION

1. NAME: Monsanto Company

2. TELEPHONE NUMBER: 208 547 3391

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION (If different from operator of site)

1. NAME:

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: Elemental Phosphorus Production Facility, via Electric furnace process

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.):

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

C. PREPARER INFORMATION

1. NAME: Daryl F. Koch

2. TELEPHONE NUMBER: 208 334 4118

3. DATE (mo., day, & yr.): Mar 6 1980

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Daryl F. Koch

2. TITLE: Senior Environmental Quality Specialist

3. ORGANIZATION: Solid Waste Mgt Sec Div of Environment, Id Dept of H&W

4. TELEPHONE NO. (area code & no.): 208 334 4118

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
William Condie	Monsanto Chemical Co.	208 547 3391
Jeff Nolte	" "	" "
environmental	program engineers	

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

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Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Monsanto Co	208 547 3391	P.O. Box 816 Soda Springs, Id	waste dirt contaminated with Py

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
International Motor Lines		~~Columbia Tenn 38401~~	as above
I.M.L.			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Monsanto Columbia	Plt.	Columbia Tenn 38401

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
Mar 6 1980	Morning	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)

Clear

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
   - [ ] a. GROUND
   - [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

- [ ] YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)
2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

- [X] 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)
- [ ] 2. INACTIVE (Those sites which no longer receive wastes.)
- [ ] 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

- [ ] 1. NO
- [X] 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres)

~590

D. ARE THERE BUILDINGS ON THE SITE?

- [ ] 1. NO
- [X] 2. YES (specify): ore blending, furnace maintenance and office bldgs.

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT	X	2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
			Drums stored on slag pile prior to transport.		7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify): Theater oil is recycled into kiln for disposal <2 ppm PCB		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- [X] 1. STORAGE
- [X] 2. INCINERATION
- [ ] 3. LANDFILL
- [ ] 4. SURFACE IMPOUNDMENT
- [ ] 5. DEEP WELL
- [ ] 6. CHEM/BIO/PHYS TREATMENT
- [ ] 7. LANDFARM
- [ ] 8. OPEN DUMP
- [ ] 9. TRANSPORTER
- [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

- [X] 1. LIQUID — theater oil
- [X] 2. SOLID — PY waste
- [ ] 3. SLUDGE
- [ ] 4. GAS

B. WASTE CHARACTERISTICS

- [ ] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [ ] 5. TOXIC
- [X] 6. REACTIVE — Air reactive PY burns on exposure to air
- [ ] 7. INERT
- [ ] 8. FLAMMABLE
- [ ] 9. OTHER (specify): Theater oil characteristic is unknown. It is a non-PCB fluid

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes, inventories

Continued From Front

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT 500 per Month	AMOUNT	AMOUNT	AMOUNT 6-10 per year	AMOUNT 23 last shipment
UNIT OF MEASURE	UNIT OF MEASURE gallons	UNIT OF MEASURE	UNIT OF MEASURE 55 gal drum	UNIT OF MEASURE 55 gal drum	UNIT OF MEASURE 55 gal drum
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify): Treated oil Sent into Kiln for incineration @ 3,000°C temperature	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify): Pb contaminated waste 23 drums transported recently (entire storage on site)
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			X (9) PCB > 50 ppm awaiting incineration		
			(10) METALS		
			(11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Pb contaminated waste	X						X		Stated as accumulated	55 gal
									shipped as needed	drums

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

N/A

☒ C. WORKER INJURY/EXPOSURE

Possible burns from contact of py waste which burns on contact with air

☐ D. CONTAMINATION OF WATER SUPPLY

N/A

☐ E. CONTAMINATION OF FOOD CHAIN

N/A

☐ F. CONTAMINATION OF GROUND WATER

N/A

☐ G. CONTAMINATION OF SURFACE WATER

N/A

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

N/A

☐ I. FISH KILL

N/A

☒ J. CONTAMINATION OF AIR

P_2O_5 gas is generated upon P4/air contact

☒ K. NOTICEABLE ODORS

acrid odor

☒ L. CONTAMINATION OF SOIL

Only to the extent that soil would be a hazard if excavated or handled. When allowed to burn off, soil actually becomes fertilized.

☐ M. PROPERTY DAMAGE

N/A

Continue On Page 7

Continued From Page 5

VIII. HAZARD DESCRIPTION (continued)

☒ N. FIRE OR EXPLOSION

possible fire when py exposed to air

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

N/A

☐ P. SEWER, STORM DRAIN PROBLEMS

N/A

☐ Q. EROSION PROBLEMS

N/A

☐ R. INADEQUATE SECURITY

N/A

☐ S. INCOMPATIBLE WASTES

N/A

Continue On Reverse

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

N/A

☐ U. OTHER (specify):

N/A

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS	(During any one shift) 300 people at site	→ 360 = 360	3 on site 2 off site	.5 mile
3. IN PUBLICLY TRAVELLED AREAS	Local tavern approx 30? people	any one time		
4. PUBLIC USE AREAS (parks, schools, etc.)				

Kim McG... Corp

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
around 100 feet		Drinking and process
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
–		West from main office (1) North from main office (2)

G. TYPE OF DRINKING WATER SUPPLY

☒ 1. NON-COMMUNITY < 15 CONNECTIONS ☐ 2. COMMUNITY (specify town): > 15 CONNECTIONS

☐ 3. SURFACE WATER ☒ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
		All drinking wells at	X	
		on Mazzetti property		
	No	public private or other facilities		
		within 1/4 mi of site		

I. RECEIVING WATER

1. NAME: Soda Creek

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☑ 5. OTHER (specify): Creek

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
X	2. CLAY		Lava		
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: ~ 2.8 %

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Slopes to West

J. OTHER GEOLOGICAL DATA

 Continue On Reverse

#1

USE TYPEWRITER OR BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1 WELL OWNER

Name Monsanto Co.

Address Soda Springs, Idaho

2 NATURE OF WORK

[x] New well [ ] Deepened [ ] Replacement

[ ] Abandoned (show the method of abandoning)

3 PROPOSED USE

[ ] Domestic [ ] Irrigation [x] Test [ ] Other beneficial use

Also For Monitoring Purposes

[ ] Municipal [ ] Industrial [ ] Stock [ ] Waste Disposal or Injection

4 METHOD DRILLED

Air

[ ] Cable [x] Rotary [ ] Dug [ ] Other

5 WELL CONSTRUCTION

Casing diameter 5 inches Total depth 300 feet

Casing material [x] Steel [ ] Concrete

Thickness	Diameter	From	To
250 inches	59/16 inches	1 feet	120 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet

Was a packer or seal used? [ ] Yes [x] No

Perforated? [ ] Yes [x] No

How perforated? [ ] Factory [ ] Knife [ ] Torch

Size of perforation ____ inches by ____ inches

Number	From	To
perforations	feet	feet
perforations	feet	feet
perforations	feet	feet

Well screen installed? [ ] Yes [x] No

Manufacturer's name ____

Type ____ Model No. ____

Diameter ____ Slot size ____ Set from ____ feet to ____ feet

Diameter ____ Slot size ____ Set from ____ feet to ____ feet

Gravel packed? [ ] Yes [ ] No Size of gravel ____

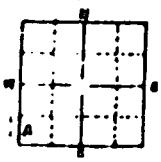
Placed from ____ feet to ____ feet

Surface seal depth 20 Material used in seal [x] Cement grout [ ] Puddling clay [ ] Well cuttings

Sealing procedure used [ ] Slurry pit [ ] Temporary surface casing [x] Overburden to seal depth

6 LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name ____

Lot No. ____ Block No. ____

County Bear Lake

NW ¼ SW ¼ Sec 24 T. 8 S. R. 42 E.

7 WATER LEVEL

Static water level 50 feet below land surface

Artesian pressure ____ lbs. GPM flow

Temperature ____ Quality ____

Artesian pressure obtained ____

Water ____

8 WELL TEST DATA

Pump [ ] Bailer [ ] Other ____

Discharge G.P.M.	Drawdown	Hours Pumped

9 LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Ver.	Water Hor.
7 7/8	0	2	Soil, Few Pieces Lava		x
	2	5	Clay, Broken Lava		x
	5	12	Hard, Solid Black Lava		x
	12	13	Creek		x
	13	25	Hard, Solid Black Lava		x
6	25	26	Creek		x
	26	33	Hard, Solid Black Lava		x
	33	35	Very Porous - Soft (No Return)		x
	35	37	Black Cinders, (Caved Cement To Drill)		
	37	40	Hard Black Lava		x
	40	45	Red Clay & Cinders		x
	45	50	White Clay		x
	50	80	Mixed White Lime, Sand Stone		
			A Little Water at 80'		
	80	180	Mixed, White, Lime, Sand Stone,		
			Clay, Rock, Chalk Some Soft,		
			Some Hard, Pieces Come Round	x	
	110	120	Some Cut More Small Gravel	x	
			Hole Wont Stand Over Night Cave		
5	120	130	Grey Sandy Shale (Stickey)		x
	130	138	Brown Sandy Shale		x
	138	150	Grey Sandy Shale		x
	150	160	Smooth, White Stickey Clay		x
	160	175	Hard White Shale		x
	175	185	Hard White Shale	x	
	185	198	Soft White Shale		x
	198	200	Hard, White, Grey Shale	x	
	198	200	Stickey White Clay		x
	200	210	Soft Buff Clay	?	
	210	240	Hard Rough Buff, Shale	x	
	240	260	Few Rock Chips, Grey Red, Sand Shale		
	260	275	Grey, White, Yellow Shale	x	
	275	295	White Shale	x	
	295	296	Blue Clay		x
	296	300	White, Yellow Sandy Shale	x	

10. Work started 2/19/75 Finished 3/6/75

11. DRILLING CERTIFICATION

Firm Name Ivan Berts, Drilling Cont. Firm No. 31

Address Box 86, Grace, Idaho Date 3/6/75

Signed by (Firm Officer) Ivan Berts

and

Operator Ivan Berts

USE ADDITIONAL SHEETS IF NECESSARY FORWARD THE WHITE COPY TO THE DEPARTMENT

#2

RECEIVED
JUL 25 1988
Department of Reclamation

REPORT OF WELL DRILLER
State of Idaho

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:
Name: Mosaic Tropical Co.
Address: Soda Springs, Idaho

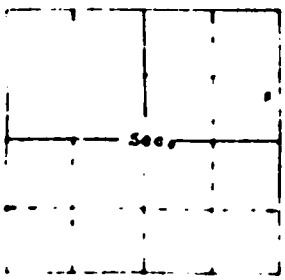
Owner's Permit No. [illegible] 6
NATURE OF WORK (check): Replacement well ☐
New well ☒ Deepened ☐ Abandoned ☐
Water is to be used for: [illegible]
METHOD OF CONSTRUCTION: Rotary ☐ Cable ☒
Dug ☐ Other _____ (explain)
CASING SCHEDULE: Threaded ☐ Welded ☒
[illegible] "Diam. from [illegible] ft. to [illegible] ft.
[illegible] "Diam. from [illegible] ft. to [illegible] ft.
____ "Diam. from ____ ft. to ____ ft.
____ "Diam. from ____ ft. to ____ ft.
Thickness of casing: [illegible] Material:
Steel ☒ concrete ☐ wood ☐ other ☐ (explain)
PERFORATED? Yes ☒ No ☐ Type of perforator used: [illegible]

Size of perforations: [illegible] " by [illegible] "
____ perforations from [illegible] ft. to [illegible] ft.
____ perforations from [illegible] ft. to [illegible] ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.
WAS SCREEN INSTALLED? Yes ☐ No ☒
Manufacturer's name _____
Type _____ Model No. _____
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.
Diam. ____ Slot size ____ Set from ____ ft. to ____ ft.
CONSTRUCTION: Well gravel packed? Yes ☐ No. ☒ size of gravel _____ Gravel placed from ____ ft. to ____ ft. Surface seal provided? Yes ☒ No ☐ To what depth? ____ ft. Material used in seal: [illegible]

Did any strata contain unusable water? Yes ☐ No. ☒ Type of water: _____
Depth of strata _____ ft. Method of sealing strata off _____

Surface casing used? Yes ☒ No. ☐
Cemented in place? Yes ☒ No ☐

Locate well on section



LOCATION OF WELL: County [illegible]
[illegible] N, [illegible] Sec. 31 T. [illegible] N/S R. [illegible] E/W

Size of drilled hole: [illegible] " Total depth of well: [illegible] Standing water level below ground: [illegible] Temp. Fahr. [illegible] ° Test delivery: _____ gpm or ____ cfs Pump? ☐ Bail ☐
Size of pump and motor used to make test:

Length of time of test: ____ Hrs. ____ Min.
Drawdown: ____ ft. Artesian pressure: ____ ft. above land surface ____ Give flow ____ cfs or ____ gpm. Shutoff pressure: _____
Controlled by: Valve ☐ Cap ☐ Plug ☐
No control ☐ Does well leak around casing? Yes ☐ No ☐

DEPTH FROM FEET	DEPTH TO FEET	MATERIAL	WATER YES OR NO
[illegible]	[illegible]	Clay	
[illegible]	[illegible]	rock lava	
[illegible]	[illegible]	Black rock	
[illegible]	[illegible]	Fine black rock	
[illegible]	[illegible]	Broken rock & cinders rock	
[illegible]	[illegible]	Broken black lava rock	
[illegible]	[illegible]	Cinders	
[illegible]	[illegible]	Fine black lava rock	
[illegible]	[illegible]	Cinders	yes
[illegible]	[illegible]	Fine black lava rock	
[illegible]	[illegible]	Brown	yes
[illegible]	[illegible]	Fine black lava rock	
[illegible]	[illegible]	Brown	yes
[illegible]	[illegible]	Fine	
[illegible]	[illegible]	Cinders	yes
[illegible]	[illegible]	Fine rock lava	
[illegible]	[illegible]	Cinders	yes
[illegible]	[illegible]	Fine rock lava	

Work started: [illegible]
Work finished [illegible]
Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.
Name: [illegible]
Address: [illegible]
Signed by [illegible]
License No. ____ Date [illegible]

Form 238-7
1/98

#3

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Department of Water Resources within 30 days after the completion or abandonment of the well.

USE TYPEWRITER OR BALLPOINT PEN

1. WELL OWNER

Name: Monsanto

Address: Soda Springs, Idaho 83276

Owner's Permit No.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☐ Domestic ☐ Irrigation ☒ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
.250 inches	8 inches	+ 1 feet	16 feet
.250 inches	4 inches	+2 feet	88.5 feet
inches	inches	feet	feet
inches	inches	feet	feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation inches by inches

Number	From	To
perforations	feet	feet
perforations	feet	feet
perforations	feet	feet

Well screen installed? ☒ Yes ☐ No
Manufacturer's name: Johnson
Type: Rlc. Model No.
Diameter 4 Slot size Set from 201 feet to 221 feet
Diameter Slot size Set from feet to feet
Gravel packed? ☒ Yes ☐ No ☐ Size of gravel
Placed from 195 feet to 221 feet
Surface seal depth Material used in seal: ☒ Cement grout
Bentonite ☒ Puddling clay ☐ Well cuttings
Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing
☒ Overbaile to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☒ Solvent Weld
☐ Cemented between strata
Describe screen part:

6. LOCATION OF WELL

Sketch map location must agree with written location.

N
W E
S

Subdivision Name
Lot No. Block No.
County

7. WATER LEVEL

Static water level 165 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow
Artesian closed-in pressure p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature °F. Quality GOOD

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other

Discharge G.P.M.	Pumping Level	Hours Pumped

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material			Water Yes	Water No
8	0	3	Soil				
	3	7	Basalt	Broken	Gray		X
	7	15	Basalt	Broken	Clay		X
	15	21	Basalt	Broken	Gray		X
	21	45	Basalt	Firm	Gray		X
	45	90	Basalt	Hard	Gray		X
	90	94	Basalt	Broken	Gray	X	
	94	115	Basalt	Firm	Gray		X
	115	120	Basalt	Broken	Gray		X
	120	123	Cinders			X	
	123	125	Basalt	Broken	Gray		X
	125	140	Basalt	Firm	Gray		X
	140	190	Basalt	Hard	Gray		X
	190	205	Basalt	Firm	Gray		X
	205	210	Cinders			X	
	210	212	Basalt	Broken	Gray		X
	212	215	Cinders			X	
	215	218	Basalt	Broken	Gray		X
	218	221	Basalt	Firm	Gray	X	

10. Work started Completed

11. Driller's certification

I (we) certify that all sections and representations herein have been complied with at the time of the drilling this borehole.

Firm Name Address Phone No.

Signature(s)

USE ADDITIONAL SHEET IF NECESSARY — PLEASE TYPE WHITE COPY TO THE DEPARTMENT

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
NPDES	EPA	ID 000 119-8	Jul 20 77	Jun 30 82	X		
State Air	Idaho	13 0420 0001 00	Jul 18 74	Jul 17 84	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES *(summarize in this space)*

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.