

U.S DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE
CALIFORNIA

**PRACTICE REQUIREMENTS
FOR
359 - WASTE TREATMENT LAGOON**

For: Business Name _____
Job Location _____
County _____ RCD _____ Farm/Tract No. _____
Referral No. _____ Prepared By _____ Date _____

IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO OBTAIN ALL NECESSARY PERMITS AND/OR RIGHTS, AND TO COMPLY WITH ALL ORDINANCES AND LAWS PERTAINING TO THIS INSTALLATION.

Installation shall be in accordance with the following drawings, specifications and special requirements. NO CHANGES ARE TO BE MADE IN THE DRAWINGS OR SPECIFICATIONS WITHOUT PRIOR APPROVAL OF THE NRCS TECHNICIAN.

1. Drawings, No. _____
2. Practice Specifications _____, _____, _____
3. Special Requirements: _____

4. Special Maintenance Requirements: _____

PRACTICE APPROVAL:

Job Classification: (Ref: Section 501 NEM)

Show the limiting elements for this job. This job is classified as, Class _____

	Limiting elements:	Units
Embankment Pond	<u>Hazard</u> _____	Class
	<u>Aerobic surface area</u> _____	ac.
	<u>Volume</u> _____	cu-ft (thousands)
	<u>Effective height</u> _____	ft
	<u>Drainage Area</u> _____	sq.mi.
	<u>Storage X Height</u> _____	ac-ft ²
	<u>Embankment Over Active Fault</u> _____	
Excavated Pond	<u>Storage Volume</u> _____	cu.ft. (thousands)

Design Approved by: _____ Date: _____

LANDOWNER'S/OPERATOR'S ACKNOWLEDGEMENT:

The landowner/operator acknowledges that:

- a. He/she has received a copy of the drawings and specification, and that he/she has an understanding of the contents, and the requirements.
- b. He/she has obtained all the necessary permits.
- c. No changes will be made in the installation of the job without prior concurrence of the NRCS technician.
- d. Maintenance of the installed work is necessary for proper performance during the project life.

Accepted by: _____ Date: _____

PRACTICE COMPLETION:

I have made an on site inspection of the site (or I am accepting owner/contractor documentation), and have determined that the job as installed does conform to the drawings and practice specifications.

Completion Certification by:

/s/ _____ Date _____