Print Form

U.S DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE
CALIFORNIA

PRACTICE REQUIREMENTS
FOR
521D - POND SEALING AND LINING
COMPACTED CLAY TREATMENT

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. Type of lining:_____Thickness:_____mils

4. Soil cover:_____

5. Soil sterilant:_____Rate of application: _____ lbs/yd2

6. Special Requirements:_____

_____

_____

_____

7. 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:
Area Treated	_____ acres
Head on Lining	_____ ft
_____	_____
_____	_____

Design Approved by:_____ Date:_____

LANDOWNER'S/OPERATOR'S ACKNOWLEDGEMENT:

The landowner/operator acknowledges that:

a. He/she has received a copy of the construction 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 _____