

DATA SHEET FOR TRAPEZOIDAL GRASSED WATERWAYS

Landowner /Operator :			Funding Source:		It is the contractor's responsibility to file a locate request with the One Call System at least 2 full business days (but not more than 10 days) before construction.
Farm #	Tract #	Field #	County	NRD	
Staked by	Date	Designed by	Date		
Checked by	Date	Approved by	Date		
Legal Description: _____ Section: _____ T: _____ R: _____			<u>SEE ATTACHED PLAN MAP</u>		

Remarks and/or comments: _____

Design Data Minimum Design Criteria Job Class: _____
 WDT Printouts Attached

Erosion Control Option:
(At least one required in addition to seeding)

Mulching (See remarks for material & rates)

Side Dikes (Min. 1.5' high, 3' top, 3:1 ss)

Fabric Checks (See attached drawing)

Companion/Cover Crop (See seeding sheet)

Waterway No. & Reach	Drainage Area Ac.	Q CFS	Channel Bed Slope %	Soil Erodibility Category	Capacity/ Stability Retardance	Bottom Width Ft.	Capacity Flow Depth Ft.	Side Slopes	Design X-Sect. Area @ Capacity Ft. ²	Design Length Ft.	Total Waterway Cut/Fill Cubic Yards

Checkout Data (Seeding and erosion control must be in place prior to final certification.)

Waterway No. & Reach	Design Top Width Ft.	Constructed Length Ft.	Waterway Acres	Seeding Width Ft.	Seeding Acres
♦♦♦♦♦♦♦♦♦♦ TOTALS					

OWNER/OPERATOR APPROVAL

I understand that I am ultimately responsible for the completion of this conservation practice in accordance with NRCS standards, plans and specifications; for complying with any permit requirements; and for maintenance of the completed conservation system.

I approve the layout of this conservation practice.

Owner/Operator Signature: _____

Date: _____

AS BUILT CROSS-SECTIONS/PROFILE

Provide a centerline profile shot at each designed channel station (see cut sheet).

Provide cross-section shots at or between channel grade breaks, at intervals not to exceed 500 feet.

Field Survey Notes				
Desc.	B.S.	H.I.	F.S.	Elev.

WW No.	WW Sta.	Left Side (Looking D.S.)										
		H.I.	Rod									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									
		H.I.	Rod									
			Elev									
			Dist.									

Length by (check one): Wheel GPS Tape/Chain Other _____

The construction checkout information shown on this sheet is a true representation of the actual construction performed.
 This practice was installed in accordance with NRCS plans and specifications.

Signed: _____ Representing: _____ Date: _____

Reviewed by (NRCS Signature): _____ Date: _____