



350

Sediment Basin

Owner _____ Operator I.D. _____ Date _____

Operator _____ Tract _____ Field (s): _____

Contract Number _____ Contract Item Number (s): _____

Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN

- Practice objective, Identification of the extent of practices applied, Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required), Environmental Evaluation NRCS-WA-CPA-052, Documentation of necessary permits – federal, state, tribal, local - as applicable, and Site-specific practice specification

The following additional data are needed for the specific practices listed.

Check Use the Check Box to indicate the Requirements are met.

Check Box	Requirements	COMMENTS
<input type="checkbox"/>	Actual location/dimensions/elevations.	_____
<input type="checkbox"/>	Actual Materials Used.	_____
<input type="checkbox"/>	As-Built Drawings.	_____
<input type="checkbox"/>	Construction Specifications.	_____
<input type="checkbox"/>	Cross-section and profile drawings.	_____
<input type="checkbox"/>	Detail drawings.	_____
<input type="checkbox"/>	Field Survey.	_____
<input type="checkbox"/>	Geotechnical design computations.	_____
<input type="checkbox"/>	Hydraulic design computations.	_____
<input type="checkbox"/>	Hydrology; Hydrologic data.	_____
<input type="checkbox"/>	Location and Layout Drawings.	_____
<input type="checkbox"/>	Material Specifications.	_____
<input type="checkbox"/>	Quantity computations.	_____
<input type="checkbox"/>	Structural design computations.	_____
<input type="checkbox"/>	Topographical data.	_____
Inventory		
<input type="checkbox"/>	Soil Reports-Physical Soil Properties	_____
<input type="checkbox"/>	Soil Reports-Soil Features	_____
<input type="checkbox"/>	Soil Reports-Water Features	_____
<input type="checkbox"/>	Soils.	_____
Design		
<input type="checkbox"/>	Geotechnical investigation.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.



350

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Certification:

For non-NRCS employees: If state license is required to complete this practice then the certifying individual must affix their signature and stamp (i.e.; PE Stamp) to this certification.

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications.

Certified by: /s/ _____ Date: _____

Job Title: _____ JAA LEVEL: _____

