



351

Water Well Decommissioning

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.

Box

Requirements

COMMENTS

Location and Layout Drawings.

Quantity computations.

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.

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: _____

ENGINEER STAMP