

Grassed Waterway

Job Approval Authority Package Contents

Applicant Name

Affiliation

Date

Project Title

Site Coordinates:

LATITUDE

LONGITUDE

INVENTORY & EVALUATION

- Identification of resource concerns and development of alternatives (NRCS CPA-11 form or equivalent)
- Environmental Evaluation form with documented alternatives (NRCS CPA-52 or SWCC-approved form)
- Conservation plan
- Conservation plan map
- Resource Assessments, Erosion Prediction Tools, calculations, surveys, and soils investigations
 - Topography Map
 - Watershed Map
 - Hydrologic Soil Group Map
 - Soil Map
 - Soil Mapunit Descriptions
 - Gully Erosion Computations
 - Existing Conditions Survey Profile and Cross Section(s)
 - Hydrology - One of the following reports
 - Streamstats Report - Report must not contain errors
 - EFH2 or TR55 report - must include watershed delineation, RCN determination, & Tc calculations
 - Rational Method Report - must include watershed delineation, rainfall intensity report, and runoff coefficient "C" determination
 - Hydraulics - Waterway Wizard Report or Equivalent

DESIGN

- Plans, Specifications and/or job sheet(s)
 - Grassed Waterway (412) - NRCS NC Practice Job Sheet
 - Design Alignment, Profile, Cross Section(s), Drawings and Specifications
- Operation and Maintenance Guidance (see Practice Job Sheet)

CONSTRUCTION & CERTIFICATION

- Completed NC-CPA-09 Form
- As-builts of design drawings, worksheets, and specifications that show any deviations from planned dimensions, quantities, and/or elevations, etc. in red ink
- Extent of practice units applied
- Construction pictures, reports, and/or notes
- Pictures of the installed practice

JAA Applicant Certification Statement:

To the best of my professional knowledge, judgement and belief, these plans meet applicable NRCS standards and NC DSWC policy.

Prepared by:

Print Name

Title

Signature

Date

Technical Reference Certification Statement:

To the best of my professional knowledge, judgement and belief, these plans meet applicable NRCS standards, NC DSWC policy, and I verify that _____ possesses the knowledge, skills and abilities listed in the Technical Competency Requirements for this best management practice.

Reviewed By:

Print Name

Title

Signature

Date

Affiliation

Email or Phone