

Agriculture Cost Share Program

COOPERATOR ACKNOWLEDGEMENT



Freshwater Supply Pond Conversion

Cooperator Name:	Date:	
Tract/Field:	County:	
	portant information regarding ACSP policies podicies podi	
	with the assistance of local Soil and Water Cons d answer any questions that arise.	servation District staff so that they may
The intent of the por	nd is to be used for freshwater supply purposes	S.
It is the responsibility requirements.	of the cooperator to comply with all federal,	state and local laws and permit
classification: a) Excavated Po b) Low Hazard - NCAC 02K .02 c) Intermediate	must be designed to meet the specifications I onds – NRCS Standard 378 - NRCS Standard 378 OR NRCS Standard 402 Colon 100) onumber Hazard – NC Dam Safety Law (15A NCAC 02K - NC Dam Safety Law (15A NCAC 02K .0100)	ode TR-60 OR NC Dam Safety Law (15A
	that is classified as Intermediate or High Haza ned by a private engineer.	rd, pursuant to NC Dam Safety Law, is
All ponds must be de approval authority.	signed and certified by a professional enginee	r or an individual with appropriate job
	ay require upgrades to meet current standards of the entire system.	s. The engineer shall make a determination
	cooperator chooses not to act on deficiencies is not eligible for additional cost share and will	
Lack of suitable borro	ow material in the near vicinity of the proposed erial.	d pond site may result in additional

Additional water can be used to fill ponds including removing diversion water resources. Note, water level in pond may not meet ample water area to fill the pond.	
It is the responsibility of the cooperator to dedicate a waste material conclusion of construction.	location and disperse material at
Livestock shall be excluded from the pond, including the dam, if application cooperators may contact their Soil and Water Conservation District and	
A signed Operation and Maintenance Plan is required.	
I acknowledge by my signature below that I have read and understand the polic	ies listed above.
PRINT NAME:	
SIGNATURE:	DATE:
<u>District Technical Representative</u> I acknowledge I have reviewed the impoundment closure plan and associated p	olicies with the cooperator listed above.
PRINT NAME:	
SIGNATURE:	DATE: