

Practice Specifications Approval and Completion Certification

Client's Acknowledgement (To be signed after Job sheet is completed and before practice installation.)

By signing below, I acknowledge that I:

- have reviewed and understand the site specific design, installation specifications and operation/maintenance requirements in this Job Sheet and have an understanding of purposes and criteria for use of this conservation practice;
- will install, operate, and maintain this conservation practice in accordance with the site specific Job Sheet specifications.
- will make no changes to the planned design and installation without prior written approval of the Natural Resources Conservation Service.
- will obtain all necessary permits and/or rights, and comply with all ordinances and laws pertaining to the installation, operation, and maintenance of this conservation practice, prior to the start of installation; and
- will assume responsibility for notifying all Utilities affected by the installation, operation and maintenance of this conservation practice.

Signature

Date

Required Job Approval Authority or TSP Certification Category

NRCS Job Approval Authority :

(Job Class required for design and installation). (I, II, III, IV, or V).

Conservation Practice JAA:		Design:		Installation:	
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Practice Units of Measure:	
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Required Certification Categories for Technical Service Providers

<u>"TECHREG CATEGORY" Listed for this Practice:</u>	
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Practice Design Certification: (To be completed after Job Sheet is complete and before practice installation.)

By signing below, I

- The conservation practice planning and design outlined in this Job Sheet Specification meet the purposes, associated criteria, appropriate site conditions and client objectives; and
- I have the required Job Approval Authority or TSP certification required for this conservation practice design.

Signature

Date

Print Name

Title

Practice Installation Certification (To be completed after practice installation and check out)

By signing below, I certify that:

- The practice has been installed according to the site specific installation requirements and specifications;
- the required operation and maintenance requirements are being met;
- I have the required Job Approval Authority or TSP Certification for this conservation practice installation.

Signature

Date

Print Name

Title

Certification and Check-out Notes: (Refer to photos or map or drawings if used):