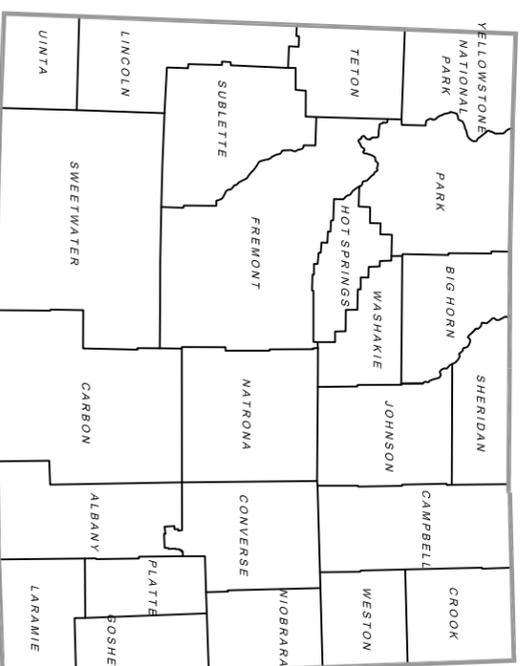


PRACTICE CERTIFICATION

CIN Nos _____
 This job (does) (does not) meet the requirements of the
 specified planned work and NRCS specifications.

Date: _____

Signed: _____
Certification only by personnel with proper job approval authority.



**ATTACH PROJECT LOCATION MAP HERE
 USE .GIF, .JPG, OR .TIF FILE FORMAT**



INDEX OF DRAWINGS

- C-1 COVER SHEET
- C-2 WELLHEAD AND PUMP SETTING DETAILS
AND GENERAL NOTES AND DIMENSIONS
- C-3 WELL SCHEMATIC DETAIL AND SPECIFICATIONS

ESTIMATED TABLE OF QUANTITIES

Item Description	Estimated Quantity	As Built Quantity
Well, Including borehole, fittings, and controls		
Steel Casing		
Well Screen		
Gravel Filter Pack		
Cement Grout or Bentonite		

LANDOWNER/OPERATOR RESPONSIBILITIES

- This system will be installed in accordance with NRCS Wyoming Specification 642 for Type III Water Well and Construction Inspection Responsibilities (attached). Landowner will ensure that all responsibilities outlined in WY-CPA-5 have been met.
- It is the contractor's responsibility to contact One Call of Wyoming to notify utilities of proposed excavation in the project area a minimum of 48 hours prior to construction. Contractors are encouraged to use the FAX-A-LOCATE system using the attached form and fax # 1-800-217-3719. Notifications may be made by phone at 1-800-849-2476 or 811. Email notifications may also be made @ www.1-call.com/wyominginfo/emailagree.html.

Landowner will provide proof of notification and utility clearances to the local NRCS Field Office prior to any ground disturbance activities. Failure to provide this information prior to excavation may lead to termination of cost-share for these practices. LANDOWNER INITIALS: _____
Landowners/Contractors: Excavation WILL NOT commence without NRCS approval.

3. The NRCS _____ Field Office can be contacted at _____ during normal business hours for questions regarding these plans and specifications.

I have reviewed the plans and specifications provided to me by NRCS and understand my responsibility to follow the plans and specifications for proper installation of the conservation practice. I have read and agree with the requirements as set forth in this document.

 LANDOWNER/OPERATOR (Printed Name) SIGNATURE OF LANDOWNER/OPERATOR DATE

I have reviewed the requirements as set forth in this document with the landowner/operator.

 NRCS TECHNICIAN (Printed Name) SIGNATURE OF NRCS TECHNICIAN DATE

DESIGNED	DATE
DRAWN	DATE
CHECKED	DATE
APPROVED	DATE

COVER SHEET

WYOMING NRCS ENG STD 642 - TYPE III WELL



File Name

Drawing Number

C-1

SHEET 1 of 3

LOCATION MAP

SCALE: 1" = 2000'