

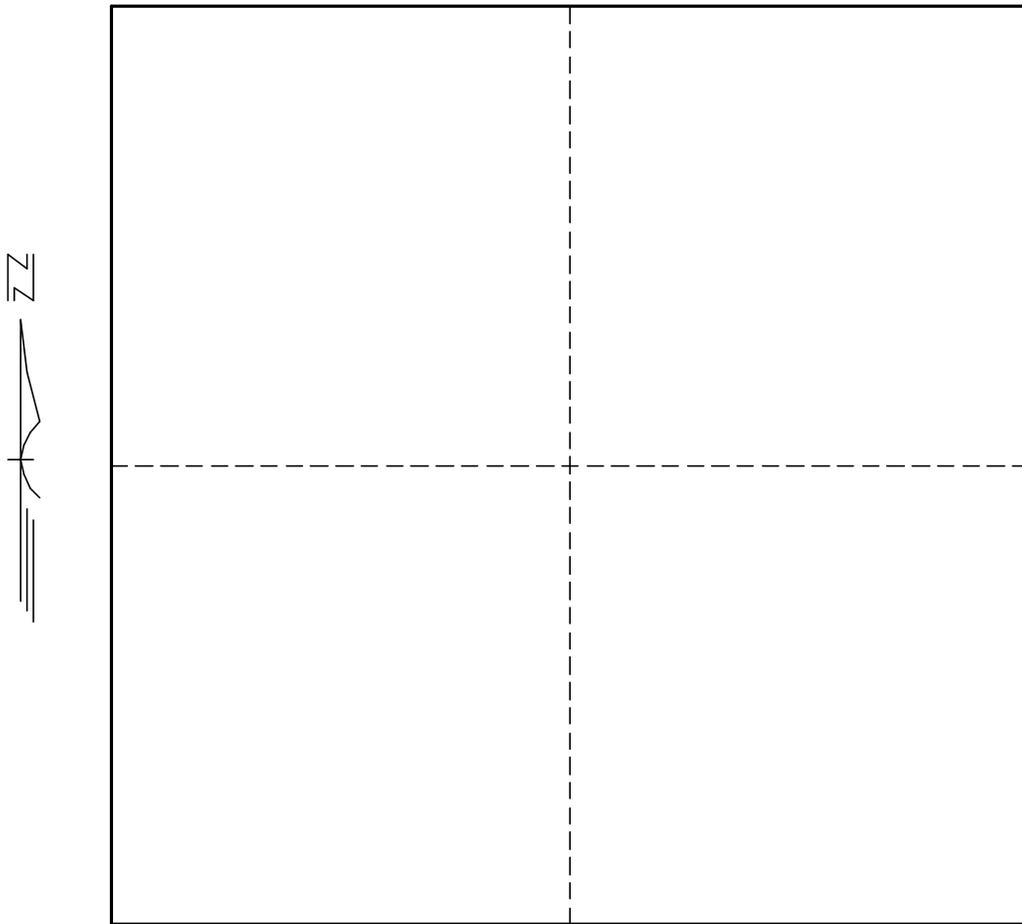
LEVEL TERRACE

Name _____ Date _____

SWCD _____

Sec. _____ T. _____ R. _____ ∇ _____

LOCATION MAP



SHOW SECTION CORNER OF CENTER

Practice meets specifications with the following exceptions:

_____ sq. ft. to be seeded

Seeding completed _____ yes _____ no

_____ lin. ft. are eligible for cost sharing

Date _____ Signature _____

TERRACE DESIGN

Terrace No.	Field Slope	Spacing Ft.	Required capacity Sq. ft.	Length Ft.

Remarks: _____

Note: A minimum of one terrace in each group shall be field checked

