Agreement Number: __________________________

I understand that I will be responsible for maintaining the Sediment Control Pond for a minimum of 15 years. I also understand that if I fail to maintain the Sediment Control Pond in accordance with the terms of the NRCS Standard and Specifications for pond maintenance, I may be required to repay the entire State cost-share grant.

I am also aware that by installing the Sediment Control Pond I am not eligible for additional cost-sharing on sediment control best management practices within the drainage area of the pond.

Additionally, I understand that the sediment trapping characteristics of the Sediment Control Pond cannot be impaired, altered, or reduced by any design feature, future modification, nor intended future use of the pond.

I have been made aware of other best management practices that would be effective in controlling erosion above the pond site, but I have chosen to install a pond that will control sediment in order to protect the quality of the waters of the State.

________________________________________
Landowner’s signature

________________________________________
Date

________________________________________
Landowner’s signature

________________________________________
Date