**Soil Quality Restoration (SQR) for New Lawns:**

**Use this checklist when SQR will be used to improve the soils on site. No credit is given to manage runoff from impervious surface areas.**

**Method 6**

**Method 6 is intended to be used when there is not enough topsoil onsite and compost is readily available. One inch of topsoil is blended with one inch of compost and applied as a surface blanket over 6 inches of tilled subsoil. Tillage is performed a second time to a minimum depth of 4 inches in order to incorporate the topsoil and compost blend into the upper portion of the subsoil to create an 8 inch thick healthy soil profile.**

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Attach copy of Soil Quality Management Plan including site and soil maps.
2. What is the size of the SQR area in square feet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please attach documentation showing existing soil conditions including description of topsoil to be used.

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**Table:** Recommended tillage, topsoil, and compost depths for soil quality restoration to achieve an 8- inch deep healthy soil profile.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method** | **Initial Tillage**  **Depth of Subsoil**  **(inches)** | **Topsoil Depth**  **(Inches)** | **Compost Depth**  **(Inches)** | **Secondary Tillage**  **Depth of Subsoil**  **(inches)** |
| 6 | 6 | 1 | 1 | 4 |

1. Will 1st tillage pass be 6” deep? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_
2. Identify type of tillage tool(s) to be used. Attach photos of tillage equipment to be used. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Compost depth \_\_\_\_\_\_\_ Source of Compost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Percent organic matter of compost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Will 2nd tillage pass be 4” deep? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Provide the calculations and quantities of materials applied as amendments

**Topsoil:**

\_\_\_\_Depth of topsoil (in feet) [For example: 1” of topsoil = 1”/12” = 0.083 ft of topsoil]

\_\_\_\_Depth of topsoil (in feet) x \_\_SF of treated area = \_\_\_\_\_CF of topsoil

\_\_\_\_CF of topsoil / 27 cf/cy = \_\_\_\_cy of topsoil needed

\_\_\_\_CF of topsoil x 90 lbs/cf = \_\_\_\_lbs of topsoil/2,000 lbs/ton = \_\_\_tons of topsoil needed

**Compost:**

\_\_\_\_\_\_\_SF x \_\_\_\_\_\_depth in inches of compost application x 0.0031 = \_\_\_\_\_\_CY of compost needed

\_\_\_\_\_\_\_CY x 1,200 lbs/CY (on average) divided by 2,000 lbs = \_\_\_\_\_\_tons of compost needed

1. Provide a copy of the planting plan with quantities of seed or plants used and a listing of species and rates applied.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe the erosion and sediment control measures used to protect the soil quality restoration area until vegetation is established. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR REVIEWERS USE ONLY***

Design appears to comply with applicable design standards, and local, state, and federal requirements.

Design does not appear to comply with applicable design standards, and local, state, and federal requirements.

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_