**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_