April 2026

Soil Quality Restoration (SQR)

Applicant _____ Project location _____

Submitted by _____

1. Please attach a map or aerial photo of the soil quality restoration area.

2. What is the size of the SQR area in square feet? _____

3. Depth of aeration _____inches Depth of compost application _____inches

4. Source of compost _____

5. Describe any treatments other than aeration and a ½"to ¾" blanket of compost (i.e. placing a 2 inch compost in areas devoid of vegetation and re-seeding)
   _____
   _____

6. Total quantity of compost to be applied _____tons / Cy

7. Show calculations for compost quantities:

   _____ SF x _____ depth of application x 0.0031 = _____CY of compost needed

   CY x 1,200 lbs/CY (on average) divided by 2,000 lbs = _____tons of compost

8. Will supplemental seeding be applied? ____yes ___no Date of Seeding _____

Type of Introduced Seeding	**Seeding Dates**
Spring	March 1 – May 31
Late Summer	August 1 – September 30

9. Reason for supplemental seeding (patchy grass, dead spots, etc.)

10. Is the supplemental seeding mix compatible with the existing turf grass? Yes ◉ No ○

11. If supplemental seeding will be applied, what is the seeding rate and what will be planted?

    Rate: Seed Type:

FOR REVIEWER 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, stat, and federal requirements.

Comments:

Name of Reviewer: Date:

Signature: _____