



CITY OF MERCER ISLAND

SECTION D: POST-CONSTRUCTION SOIL MANAGEMENT

Attachments Required *(Check off required items that are attached)*

<input type="checkbox"/>	Site Plan showing, to scale:
	<input type="checkbox"/> Areas of undisturbed native vegetation (no amendment required) <input type="checkbox"/> New planting beds (amendment required) <input type="checkbox"/> New turf areas (amendment required) <input type="checkbox"/> Type of soil improvement proposed for each area
<input type="checkbox"/>	Soil test results (required if proposing custom amendment rates)
<input type="checkbox"/>	Product test results for proposed amendments

Total Amendment / Topsoil / Mulch for All Areas

Calculate the quantities needed for the entire site based on all of the areas identified on the Site Plan and the calculations on the following page(s):

Product	Total Quantity (CY)	Test Results
Product #1: _____	_____ CY	_____ % organic matter _____ C:N ratio "Stable"? yes <input type="checkbox"/> no <input type="checkbox"/>
Product #2: _____	_____ CY	_____ % organic matter _____ C:N ratio "Stable"? yes <input type="checkbox"/> no <input type="checkbox"/>
Product #3: _____	_____ CY	_____ % organic matter _____ C:N ratio "Stable"? yes <input type="checkbox"/> no <input type="checkbox"/>

CY = cubic yards, C:N = Carbon:Nitrogen



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Amendment / Topsoil / Mulch by Area

For each identified area on your Site Plan, provide the following information:

(Use additional sheets if necessary)

Area # _____ (should match identified Area # on Site Plan)

Planting type: Turf Undisturbed native vegetation
 Planting Beds Other: _____

Pre-Approved Amendment Method		
<input type="checkbox"/> Amend with compost	Turf: _____ SF x 5.4 CY ÷ 1,000 SF = _____ CY Planting beds: _____ SF x 9.3 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY Scarification depth: 8 inches	Product: _____
<input type="checkbox"/> Stockpile and amend	Turf: _____ SF x 5.4 CY ÷ 1,000 SF = _____ CY Planting beds: _____ SF x 9.3 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY Scarification depth: 8 inches	Product: _____
<input type="checkbox"/> Topsoil import	Turf: _____ SF x 18.6 CY ÷ 1,000 SF = _____ CY Planting beds: _____ SF x 18.6 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY Scarification depth: 6 inches	Product: _____
Custom Amendment		
<input type="checkbox"/> Amend with compost	Attach information on bulk density, percent organic matter, moisture content, C:N ratio, and heavy metals analysis to support custom amendment rate and scarification depth. Total Quantity = _____ CY Scarification depth: _____ inches	Product: _____
<input type="checkbox"/> Stockpile and amend	Attach information on bulk density, percent organic matter, moisture content, C:N ratio, and heavy metals analysis to support custom amendment rate and scarification depth. Total Quantity = _____ CY Scarification depth: _____ inches	Product: _____
Mulch		
<input type="checkbox"/> Amend with compost	Planting beds: _____ SF x 12.4 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY	Product: _____
<input type="checkbox"/> Stockpile and amend	Planting beds: _____ SF x 12.4 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY	Product: _____
<input type="checkbox"/> Topsoil import	Planting beds: _____ SF x 12.4 CY ÷ 1,000 SF = _____ CY Total Quantity = _____ CY	Product: _____

CY = cubic yards, C:N = Carbon:Nitrogen



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SECTION E: SIGNATURE PAGE

Project Engineer's Certification for Section B

For Stormwater Site Plans with engineered elements, the Construction SWPPP is stamped by a professional engineer licensed in the State of Washington in civil engineering.

If required, attach a page with the project engineer's seal with the following statement:

*"I hereby state that this Construction Stormwater Pollution Prevention Plan for _____
(name of project)
has been prepared by me or under my supervision and meets the standard of care and expertise which is usual and customary in this community for professional engineers. I understand that the City of Mercer Island does not and will not assume liability for the sufficiency, suitability, or performance of Construction SWPPP BMPs prepared by me."*

Applicant Signature for Full Stormwater Package (Sections A through D)

I have read and completed the Stormwater Submittal Package and know the information provided to be true and correct.

Print Applicant Name: _____

Applicant Signature: _____ Date _____