

Soil Management Plan Summary Form

For Post-construction Soil Standard

Snohomish County Planning and Development Services

Use **Achieving the Post-construction Soil Standard** booklet instructions to carry out this Soil Management Plan.

Project Information Complete all information on page 1, only site address and permit number on additional pages.

Site address/Lot No. _____

Permit Type _____

Permit Number _____

Permit Holder _____

Phone _____

Mailing Address _____

Contact Person _____

Phone _____

Plan Prepared By _____

Attachments - attach the following to this plan:

- * Scale stormwater site plan drawings that include areas to be treated with Soil Treatment Options 1, 2, 3, 4.
- * Completed Compost and Topsoil Calculation Worksheet results.
- * Original compost and/or topsoil test results reports demonstrating that products contain adequate organic matter (for soil treatment options 2) and meet topsoil soil quality standard.

Note: Retain original delivery tickets for compost and/or topsoil products for verification purposes.

Soil Treatment Options for Areas Identified on Site Plan

Soil treatment options available:

- ***Option 1** – Leave native soil undisturbed, and protect from compaction during construction.
- ***Option 2** – Amend existing soil in place.
- ***Option 3** – For native soil: stockpile site duff and topsoil, and reapply after grading and construction.
- ***Option 4** – Import topsoil mix with 8-13% soil organic matter content.

FOR PDS USE ONLY Plan Approval Record

Date: _____ Reviewer: _____ Approved: _____

Revisions Required: _____

Date: _____ Reviewer: _____ Approved: _____

Revisions Required: _____

Area: _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option: Option 1 Option 2
 Option 3 Option 4

If using option 2, select type of amendment rate:

Pre-approved (2") Custom with _____ % Target Soil Organic Matter

Area: _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option: Option 1 Option 2
 Option 3 Option 4

If using option 2, select type of amendment rate:

Pre-approved (2") Custom with _____ % Target Soil Organic Matter

Area: _____ (refer to lettered areas mapped on site plan)

Square footage: _____

Selected soil treatment option: Option 1 Option 2
 Option 3 Option 4

If using option 2, select type of amendment rate:

Pre-approved (2") Custom with _____ % Target Soil Organic Matter

Record the compost and/or topsoil products to be used

Compost Product #1:

Test Results % organic matter: _____ Quantity in cubic yards _____

Supplier _____

Compost Product #2:

Test Results % organic matter: _____ Quantity in cubic yards _____

Supplier _____

Topsoil Product #3:

Test Results % organic matter: _____ Quantity in cubic yards _____

Supplier _____

Topsoil Product #4:

Test Results % organic matter: _____ Quantity in cubic yards _____

Supplier _____

Total cubic yards compost: _____ **Total cubic yards topsoil:** _____