SOIL AMENDMENT AFFIDAVIT

JULY 2017 VERSION



Name and Ad	Idress of Affiant:			
Relationship	to Project:			
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Project Name				
City of Lovela	ınd PZ Project Numbe	er:	_ (City will fill out this line)	
SOIL AMENDMENTS:			NOTE: City reserves the right to do periodic on-	
☐ Provide a map of the Hydrozon		zone Plan	site inspections to verify information.	
		lled to as least 6 inch de	nth (check if ves)	
	de the calculations for		per (effect if yes)	
		1	Minimum Soil Amendment	
Hydrozone	Irrigated Areas	Soil Amendment applied	Requirements	
⊔iah	(Sq. Ft.)	(Cubic Yard)	High = 3 cu. yd. per 1000 sq. ft.	
High			Moderate = 2 cu. yd. per 1000 sq. ft.	
Moderate			Low = 1 cu. yd. per 1000 sq. ft.	
Low			Very Low = no required treatment These are minimum requirements. Additional	
Very Low			amounts of soil amendments may be advisable based	
TOTAL SOIL AN	MENDMENT APPLIED:		on the particular soils on site From: City's Site Development Performance Standards & Guidelines	
EXEMPTION	I TO SOIL AMENDME	NT:		
If your project does not require soil amendments based on soil testing results or the informed opinion				
of a professional engineer, licensed landscape architect, or other qualified professional (such as, but				
not limited to, a certified professional agronomist, a certified horticulturist, or a CSU Certified Master				
• • •	ease check the appro			
☐ My soils do not require amendments based on soil testing results (attach copy of soil report).				
☐ Based on the informed opinion of a qualified professional, my soils do not require amendments				
(you must attach a copy of documentation of that opinion).				
		AFFIDAVIT		
I,, have personal knowledge of the information described				
above, and de	eclare that to the bes	t of my knowledge and b	pelief, all information above and attached is	
	and complete.	· -		
		NOTARY		
STATE OF COLORADO) Subscribed, sworn to and acknowledged before me				
	j b	У	, this day of	
COUNTY OF _)	by, this day of, this day of, this day of, this day of,		
		Notary	Public:	
	My commission expires:			