Biotreatment Soil Mix Specification Verification Checklist

This checklist is intended to supply municipal staff, contractors, designers and others with an easy-to-read summary of the detailed information needed to verify that the biotreatment soil mix being provided by the Soil Mix Supplier meets the BASMAA Regional Biotreatment Soil Specification¹ approved by the Regional Water Board Executive Officer on April 18, 2016².

The checklist should be provided to the Soil Mix Supplier by the municipality or contractor before the soil mix has been ordered to allow for sufficient time to compile the information and time to review the completed checklist before delivery of the soil mix to the job site.

Use of this checklist is not required by the MRP and is intended only for assistance in reviewing submittals. Additionally or alternatively, the one page Supplier Certification Statement, developed by the stormwater programs listed below, can be requested from the Supplier to guarantee that the product meets the specification.

The Certification Statement, a list of Soil Mix Suppliers, the BASMAA Regional Biotreatment Soil Specification (2016) and other materials are available at the following websites:

- Santa Clara Valley Urban Runoff Pollution Prevention Program: www.scvurppp-w2k.com/nd wp.shtml#other
- San Mateo Countywide Water Pollution Prevention Program: www.flowstobay.org/newdevelopment
- Alameda Countywide Clean Water Program: www.cleanwaterprogram.org/business/development2.html

If a municipality chooses to use the checklist, the following five items are required to be submitted by the Soil Mix Supplier to the requesting municipality or contractor:

- Sample of the Biotreatment Soil Mix
 A minimum 1-gallon bag of soil mix.
- Attachment A Supplier Analysis of the Biotreatment Soil Mix
 To be completed by the Soil Mix Supplier providing the soil mix.
- Attachment B Lab Analysis of Sand Component of the Biotreatment Soil Mix
 To be completed by the laboratory conducting the analysis of the sand.
- Attachment C Lab Analysis of Compost Component of the Biotreatment Soil Mix
 To be completed by the laboratory conducting the analysis of the compost. Compost analysis of a sample collected (in accordance with the STA sample collection protocol) shall be completed within the last 120 days. Analysis must be completed by a laboratory enrolled in the US Composting Council's Compost Analysis Proficiency program, and shall use the Test Methods for the Evaluation of Composting and Compost (TMECC).
- Attachment D Supplier Analysis of Compost Component of the Biotreatment Soil Mix

 To be completed by the Compost Supplier providing the compost component of the soil mix.

^{1.} www.basmaa.org

Attachment A

Supplier Analysis of Biotreatment Soil Mix

The table below shall be completed by the Biotreatment Soil Mix Supplier.

Date:		Name of Person Filling Out This Form:				
(6111-1-1-1-1-1-1-1						
Title:	t be done within the last 120 days)	Signature:				
ritie.		Signature.				
Phone:		Email:				
Company Name:		City:	City:			
Street Address:		Zip:				
	rovided Biotreatment Soil Mix mee					
requirements of the Specification (201	he BASMAA Regional Biotreatment 6).	No (Fail)				
	<u> </u>					
Describe the equip	pment					
and methods used						
the compost and s						
components of th						
Biotreatment Soil	MIX.					
Material	Standard Percent (by volume)	Actual Mix %	Pass	Fail		
Sand	60% - 70%					
Compost	30% - 40%					
Does the soil mix have a permeability of at least 5 inches per hour? ¹			Yes (Pass)			
	nave a permeasint, or at reast sime	No (Fail)				
Will the soil mix s	upport vigorous plant growth?	Yes (Pass)				
	- L-L O	☐ No (Fail)				

¹Soil mix permeability testing is only required for alternative biotreatment soil mixes. Soil permeability tests must be conducted on a minimum of two samples using constant head permeability in accordance with ASTM D2434 with a 6-inch mold and vacuum saturation.

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Attachment B

Lab Analysis of Sand Component of Biotreatment Soil Mix

The table below shall be completed by the laboratory conducting the sand analysis.

Name of Person Filling Out This Form:		Signature:				
Title:		Date:				
Phone:		Email:				
Company:		City:				
Street Address:		Zip:				
Qualifications & relevant certifications (ASTM, CTM or approved equivalent certifications):						
Is sand free	of wood, waste, coating (such as clay, sto	one	Yes (Pass)			
dust, carbonate, etc.), or any other deleterious mate		rial?	☐ No (Fail)			
leall aggregate passing the No. 200 since you plastic		Yes (Pass)				
Is all aggregate passing the No. 200 sieve non-plastic		· :	☐ No (Fail)			
Particle size analysis shall be conducted in accordance with ASTM D 422 (Standard Test Method for Particle Size Analysis of Soils) or CTM 202. Other equivalent methods acceptable only if approved.						
Sieve Size	Standard Percent Passing (% by weigh	nt) Te	esting Results (%)	Pass	Fail	
3/8 inch	100%					
No. 4	90% - 100%					
No. 8	70% - 100%					
No. 16	40% - 95%					
No. 30	15% - 70%					
No. 40 or 50	5% - 55%					
No. 100	0% - 15%					
No. 200	0% - 5%					
-			·			

Attachment B Page 1 of 1

Attachment C

Lab Analysis of Compost Component of Biotreatment Soil Mix

The table below shall be completed by the laboratory conducting the compost analysis.

Name of Person Filling Out	Signature:					
Title:	Date:					
Phone:		Email:				
Company:		City:				
Street Address:		Zip:				
Qualifications & relevant certifications: (STA, ASTM or approved equivalent certification)						
					T	
Specification	Standard	Те	sting Results	Pass	Fail	
Organic Matter Content	35% - 75% (by dry weight)		%			
Carbon-to-Nitrogen Ratio	15:1 to 25:1 (C:N)		C:N			
Salinity	< 6.0 mm hos/cm		mm hos/cm			
рН	6.2 - 8.2		рН			
Bulk Density	500 - 1100 dry lbs / yd	3	dry lbs / yd³			
Moisture Content	30%-55% (of dry solids)	%			
Percent inert ingredients	< 1%		%			
(incl. plastic, glass, paper)	(by weight or volume)		70			
		1				
Provide the results of at leas	<u>st one</u> of the following an	alyses to indic	cate compost stability	/: 		
Specification	Standard	Те	sting Results	Pass	Fail	
Oxygen Test	< 1.3 0 ₂ /unit TS/hr		0 ₂ /unit TS/hr			
Specific Oxygen Test	< 1.5 0 ₂ /unit BVS/hr		0 ₂ /unit BVS/hr			
Respiration Test	< 8mg CO ₂ -C/g OM/day		mgCO ₂ -C/g OM/day			
Dewar test	< 20 °C Temp. rise e.		°C Temp. rise e.			
Solvita® Index value	> 5 Index value		Index value			

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Provide the results of <u>at least one</u> of the following analyses to indicate compost toxicity:							
Specifica	ation	Standard	Testing Results		Pass	Fail	
Ratio NH ₄ ⁺ N:	NO ₃ -N	< 3	NH ₄ ⁺ -N: NO ₃ ⁻ -N				
Ammonium		< 500 ppm, dry basis	ppm, dry basis				
Seed Germin	ation	> 80% of control			% of control		
Plant Trials		> 80% of control			% of control		
Solvita® Inde	x value	= 5 Index value			Index value		
Provide the a	inalysis of t	he nutrient content of t	he com	post, inclu	ding the following:		
Specifica	ation	Standard		Testing	g Results	Pass	Fail
Boron (total,	in ppm)	< 80 ppm			ppm		
Nitrogen (N)	(total %)	> 0.9% preferred.			%		
Phosphorus ((as P₂O₅)	[not specified]			%		
Potassium (a	s K₂O)	[not specified]			%		
Calcium (Ca)		[not specified]	%				
Sodium (Na)		[not specified]	%				
Magnesium (Mg)		[not specified]	%				
Sulfur (S)		[not specified]	ppm				
Provide the r	esults of <u>at</u>	least one of the followi	ng sele	ct pathoge	ns:		
Specification		Standard		Testing Results		Pass	Fail
Salmonella		< 3 MPN/4 grams TS	MPN/4 grams TS				
Coliform Bac	teria	< 10,000 MPN/gram			MPN/gram		
		US EPA, 40CFR 503 regu	ılations	regarding	trace	Yes (I	
contaminants	s metals (Le	ead, Mercury, etc.)?				☐ No (I	ail)
Particle size analysis shall be conducted in accordance with ASTM D 422 (Standard Test Method for Particle Size Analysis of Soils)-washing not required. Equivalent methods acceptable if approved.							
Sieve Size	Standard	Percent Passing (by we	reight) Testing Results (%)		Pass	Fail	
1 inch		99% - 100%					
½ inch 90% - 100%							
¼ inch		40% - 90%					
No. 200		1% - 10%					

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Attachment D

Supplier Analysis of Compost Component of Biotreatment Soil Mix

The table below shall be completed by the Compost Supplier providing the compost for the mix.

Name of Company:	Date of Delivery:			
Qualifications & relevant certifications:	Date of the Compost Lab Analysis Report:			
(STA, ASTM or approved equivalent certifications)	(Must be dated within 120 days prior to delivery)			
Name of Person Filling Out This Form:	Date:			
Signature:	Street Address:			
Email address:	City:			
Phone:	Zip:			
Feedstock materials have been specified and include only the following:				
Landscape/yard trimmings, grass clippings, food scra	ps, or agricultural crop residues?	☐ No (Fail)		
Compost has a dark brown color and a soil-like odor, does not exhibit a sour or putrid smell, does not contain recognizable grass or leaves, and is not hot (120°F) upon				
delivery or rewetting?	and is not not (120 1) apon	☐ No (Fail)		
The compost has gone through the process to further reduce pathogens (PFRP)? For example, turned windrows must reach a minimum temperature of 55°C for 15 days				
with at least 5 turnings during that period.	Emperature of 55 C for 15 days	☐ No (Fail)		

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