

THIS PAGE MUST BE INCLUDED WITH ANY ALTERNATE PROPOSAL(S) NOTED CLEARLY

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME H.S. **DATE** 6/26/12
DATE OF LAST SOIL TEST _____ **FIELD PH** _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type _____ **Compaction:** Yes No _____
 Drainage: Dry _____ Often Wet (W) Low Spots (L) _____
 Light: All Sun _____ Some Shade (S) _____ Trees Present (T) _____

IRRIGATION: Yes No _____
 If Yes, Type of Irrigation System _____
 Frequency 2x Duration per Application 30 min
 Amount/Application 1/4" Time of Day of Application Next

VISUAL CHARACTERISTICS OF TURF

| | | | |
|--------------------------|--------|-------------|--------------------|
| Color (C) | Good | <u>Fair</u> | Poor |
| Density | Low | High | <u>Combination</u> |
| Smoothness (SM) | Good | <u>Poor</u> | |
| Turf Surface (TS) | Smooth | Clumps | <u>Combination</u> |
| Holes/Divots (H) | None | <u>Few</u> | Many |
| Bare Areas (B) | None | <u>Few</u> | Many |

PESTS DICOT WEEDS

| | | | |
|------------------------|------|------------|------|
| Dandelions (DL) | None | <u>Few</u> | Many |
| Plantain (PL) | None | <u>Few</u> | Many |
| Knotweed (KN) | None | Few | Many |
| Other (O) | | | Many |

Identify "**Others**" by name if possible _____

Weedgrass (WD): None _____ Some _____ Many _____ Crabgrass, Witchgrass, Barnyard Grass, etc.
 Clover: None _____ Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

