

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME H.S.

DATE 7/31/12

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 1/2" Time of Day of Application Midday

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

| | | | |
|-----------------|----------------------------|--------------------------------------|----------------------------|
| Dandelions (DL) | <input type="radio"/> None | <input checked="" type="radio"/> Few | <input type="radio"/> Many |
| Plantain (PL) | <input type="radio"/> None | <input checked="" type="radio"/> Few | <input type="radio"/> Many |
| Knotweed (KN) | <input type="radio"/> None | <input type="radio"/> Few | <input type="radio"/> Many |
| Other (O) | | | <input type="radio"/> Many |

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

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

Cover: None Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments
