

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME High School **DATE** 9/21/15

DATE OF LAST SOIL TEST _____ **FIELD PH** _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Field 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
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None <input checked="" type="checkbox"/>	Few	Many
Plantain (PL)	None	Few <input checked="" type="checkbox"/>	Many
Knotweed (KN)	None <input checked="" type="checkbox"/>	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
