

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Hcpn School

DATE 9/20/16

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type F,chl 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 AM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

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

Clover: None Some Many

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing _____

Comments Thin in areas from use. Slice Seed
in 2 directions will help.