

April 5, 2012

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME High School

DATE 10/3/14

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

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

IRRIGATION:

Yes _____ No X
 If Yes, Type of Irrigation System _____
 Frequency _____ Duration per Application _____
 Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	<u>None</u>	Few	Many
Plantain (PL)	<u>None</u>	Few	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 Looks good. Wear from use & POA yellow.