

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

**TURF MANAGEMENT SCOUTING REPORT**

**FIELD NAME** H.S. **DATE** 10/19/12  
**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 1x Duration per Application 30 min  
 Amount/Application 1/2" Time of Day of Application PM

**VISUAL CHARACTERISTICS OF TURF**

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

**PESTS DICOT WEEDS**

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

Identify "**Others**" by name if possible \_\_\_\_\_

Weedgrass (WD): None 0 Some \_\_\_\_\_ Many \_\_\_\_\_ Crabgrass, Witchgrass, Barnyard Grass, etc.  
 Clover: None 0 Some \_\_\_\_\_ Many \_\_\_\_\_

Insects (I) \_\_\_\_\_  
 Disease \_\_\_\_\_

Recommended Remedial Actions and Timing  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments Very nice after App. Aeration, & Seed.  
Play during wet has caused damage.