

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME High School **DATE** 10/19/15

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

OTHER SOIL TEST RECOMMENDATIONS _____

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

IRRIGATION: Yes X 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)	<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)	None <u>X</u>	Few	Many
Bare Areas (B)	None <u>X</u>	Few	Many

PESTS DICOT WEEDS

Dandelions (DL)	<u>None</u>	Few	Many
Plantain (PL)	None	<u>Few</u>	Many
Knotweed (KN)	<u>None</u>	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 Ready for winter.