

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME H.S. **DATE** 10/28/12
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 OFF Duration per Application _____
 Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	<input checked="" type="checkbox"/> None	Few	Many
Plantain (PL)	<input checked="" type="checkbox"/> None	Few	Many
Knotweed (KN)	<input checked="" type="checkbox"/> 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 Great. Aerate seeding would help recovery from high use in wet conditions. POA yellow as expected.