

EXHIBIT B

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 5/2/13

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field 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 _____ Duration per Application _____
 Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "**Others**" by name if possible _____

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

Insects (I) No Grubs!

Disease _____

Comments (Field Problems) Looks good. Some grub damage from Fall - But grass is rooted