

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S. **DATE** 5/9/14

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

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Alfisol Compaction: Yes X No _____
Drainage: Dry X Often Wet (W) _____ 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 min
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	<u>Fair</u>	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>Few</u>	Many
Bare Areas (B)	None	<u>Few</u>	Many

PESTS DICOT WEEDS

Dandelions (DL)	<u>None</u>	Few	Many
Plantain (PL)	<u>None</u>	Few	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

