

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 5/23/14

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field Compaction: Yes ___ 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>←</u>	Fair	Poor
Density	Low	High <u>⊗</u>	Combination
Smoothness (SM)	Good <u>⊗</u>	Poor	
Turf Surface (TS)	Smooth	Clumps	Combination
Holes/Divots (H)	None	Few <u>⊗</u>	Many
Bare Areas (B)	None	Few <u>⊗</u>	Many

PESTS DICOT WEEDS

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

