

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 6/6/14

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 2x Duration per Application 30 min
 Amount/Application 1/2" Time of Day of Application Pm

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	Fair	Poor
Density	Low	High	Combination
Smoothness (SM)	Good	Poor	
Turf Surface (TS)	Smooth	Clumps	Combination
Holes/Divots (H)	None	Few	Many
Bare Areas (B)	None	Few	Many

PESTS DICOT WEEDS

Dandelions (DL)	None	Few	Many
Plantain (PL)	None	Few	Many
Knotweed (KN)	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 Good Color. Some grubs. 12+ Sq. Ft.