

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 6/22/15

DATE OF LAST SOIL TEST _____

FIELD PH 6.35 upper
5.89 lower

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Field Compaction: Yes x No _____
Drainage: Dry _____ Often Wet (W) x 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 P.M.

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Will benefit from last weeks Fertilizer