

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 6/24/12

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type _____ **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" Time of Day of Application night

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments
