

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 6/26/10

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
Amount/Application 1/2 Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	<input type="radio"/> None	<input checked="" type="radio"/> Few	<input type="radio"/> Many
Plantain (PL)	<input type="radio"/> None	<input checked="" type="radio"/> Few	<input type="radio"/> Many
Knotweed (KN)	<input type="radio"/> None	<input type="radio"/> Few	<input type="radio"/> Many
Other (O)			<input type="radio"/> 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 Color improving after last week App. Grubs gone.