

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME MS.

DATE 7/13/12

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 1/2" Time of Day of Application Night

VISUAL CHARACTERISTICS OF TURF

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

upper more clumps

PESTS DICOT WEEDS

Dandelions (DL)	None	Few <u>○</u>	Many
Plantain (PL)	None	Few <u>○</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. *June 1st 12*
Clover: None _____ Some Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

