

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 7/20/15

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type Field Compaction: Yes No X
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
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None <u> </u>	Few <u>X</u>	Many <u> </u>
Plantain (PL)	None <u> </u>	Few <u>X</u>	Many <u> </u>
Knotweed (KN)	None <u> </u>	Few <u> </u>	Many <u> </u>
Other (O)			Many <u> </u>

Identify "Others" by name if possible _____

Weedgrass (WD): None Some X Many Crabgrass, Witchgrass, Barnyard Grass, etc.

Clover: None Some X Many

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Torn up from aeration