

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME Middle School

DATE 7/27/15

DATE OF LAST SOIL TEST \_\_\_\_\_

FIELD PH \_\_\_\_\_

**OTHER SOIL TEST RECOMMENDATIONS**

**SITE CONDITIONS:**

Soil Type Rich 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 A9

**VISUAL CHARACTERISTICS OF TURF**

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

**PESTS DICOT WEEDS**

<b>Dandelions (DL)</b>	None	Few <input checked="" type="radio"/>	Many
<b>Plantain (PL)</b>	None	Few <input checked="" type="radio"/>	Many
<b>Knotweed (KN)</b>	None	Few	Many
<b>Other (O)</b>			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 Looks better after aeration & fertilizer.