

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 8/8/14

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

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

| | | | |
|------------------------|------|-----|------|
| Dandelions (DL) | None | Few | Many |
| Plantain (PL) | None | Few | 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. from last year.
Clover: None _____ Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

