

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 8/24/12

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 mid

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None	<u>Few</u>	Many
Plantain (PL)	None	<u>Few</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.
Clover: None Some Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments ok but, crabgrass present
