

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S. **DATE** 8/28/2012
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 <input type="radio"/>	Fair <input checked="" type="radio"/>	Poor <input type="radio"/>
Density	Low <input type="radio"/>	High <input type="radio"/>	Combination <input checked="" type="radio"/>
Smoothness (SM)	Good <input checked="" type="radio"/>	Poor <input type="radio"/>	
Turf Surface (TS)	Smooth <input checked="" type="radio"/>	Clumps <input type="radio"/>	Combination <input type="radio"/>
Holes/Divots (H)	None <input checked="" type="radio"/>	Few <input type="radio"/>	Many <input type="radio"/>
Bare Areas (B)	None <input checked="" type="radio"/>	Few <input type="radio"/>	Many <input type="radio"/>

PESTS DICOT WEEDS

Dandelions (DL)	None <input checked="" type="radio"/>	Few <input type="radio"/>	Many <input type="radio"/>
Plantain (PL)	None <input checked="" type="radio"/>	Few <input type="radio"/>	Many <input type="radio"/>
Knotweed (KN)	None <input type="radio"/>	Few <input type="radio"/>	Many <input type="radio"/>
Other (O)			Many <input type="radio"/>

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 Grubs found in lower field back right corner
NO animal damage @ this time