

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 9/5/14

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Field Compaction: Yes x No _____
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 min
Amount/Application 1/2" Time of Day of Application Pm

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

Weedgrass (WD): None _____ Some (x) Many _____ Crabgrass, Witchgrass, Barnyard Grass, etc.
Clover: None _____ Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

