

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 9/6/16

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/week Duration per Application 30
Amount/Application 1/4" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> Few	Many
Plantain (PL)	None	<input checked="" type="radio"/> Few	Many
Knotweed (KN)	<input checked="" type="radio"/> 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 Needs seed.