

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle Shoot

DATE 9/12/16

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 20 Duration per Application 30

Amount/Application 1/6" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	<u>Good</u>	<u>Fair</u>	Poor
Density	Low	<u>High</u>	<u>Combination</u>
Smoothness (SM)	Good	<u>Poor</u>	<u>Combination</u>
Turf Surface (TS)	Smooth	<u>Clumps</u>	<u>Combination</u>
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)	<u>None</u>	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.