

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME MS.

DATE 9/14/12

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
 Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	<input checked="" type="radio"/> Fair	Poor
Density	Low	High	<input checked="" type="radio"/> Combination
Smoothness (SM)	Good	<input checked="" type="radio"/> Poor	
Turf Surface (TS)	Smooth	Clumps	<input checked="" type="radio"/> Combination
Holes/Divots (H)	None	<input checked="" type="radio"/> Few	Many
Bare Areas (B)	None	<input checked="" type="radio"/> 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)	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 Grubs lower + Upper.
Lower field has some dead or dying
after organic treatment