

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 10/10/16

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 Duration per Application 30

Amount/Application 1/2" Time of Day of Application P1

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good <input checked="" type="checkbox"/>	Fair <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>
Density	Low <input type="checkbox"/>	High <input type="checkbox"/>	Combination <input checked="" type="checkbox"/>
Smoothness (SM)	Good <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>	
Turf Surface (TS)	Smooth <input checked="" type="checkbox"/>	Clumps <input type="checkbox"/>	Combination <input type="checkbox"/>
Holes/Divots (H)	None <input checked="" type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>
Bare Areas (B)	None <input checked="" type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>

PESTS DICOT WEEDS

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

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

Coat grass dying off. Seed will help fill in these areas.