

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 10/27/16

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Field Compaction: Yes X No _____
Drainage: Dry X Often Wet (W) _____ 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
Amount/Application 1/24 Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

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

Insects (I) _____
Disease _____

Recommended Remedial Actions and Timing _____

Comments Improving with fertilizer + seed.