

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME M.S.

DATE 10/28/12

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 OFF _____ Duration per Application _____

Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

Grubs

PESTS DICOT WEEDS

Dandelions (DL)	None <input type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>
Plantain (PL)	None <input type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>
Knotweed (KN)	<input checked="" type="checkbox"/> None	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 Color good. Grub damage areas should be seeded
where sport actually shows. Grubs not visible today.