

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 10/31/2014

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 _____ Duration per Application _____
Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Heavy wear from fall soccer evident.

Next year, mow-out of goals through season would help. Seed would help.