

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Wiley

DATE 8/24/12

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 min.

Amount/Application 1/2" Time of Day of Application 11 AM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

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

Looks good, but grass clippings bagged.
Grubs will be addressed by meeting Monday
8/27/12.
- Upped new sod ¹² waterly to 15 min x 2 per day