

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point **DATE** 6/13/13

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 min
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

| | | | |
|------------------------|------|------------|------|
| Dandelions (DL) | None | <u>Few</u> | Many |
| Plantain (PL) | None | <u>Few</u> | 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 Looks good, but needs Fertilizer