

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point

DATE 7/3/12

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 night

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "**Others**" by name if possible _____

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

Clover: None _____ Some _____ Many X

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Poor color especially in middle of field
lots of clover