

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point DATE 7/27/12

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 10:00 AM

VISUAL CHARACTERISTICS OF TURF

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

Improving

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 Improving, Cut too short!



7/27/2012
1.5"