

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME Black Point

DATE 8/10/15

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  
Amount/Application 1/2" Time of Day of Application Pm

**VISUAL CHARACTERISTICS OF TURF**

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

**PESTS DICOT WEEDS**

|                        |  |   |      |
|------------------------|--|---|------|
| <b>Dandelions (DL)</b> | None                                     | Few <input checked="" type="checkbox"/> | Many |
| <b>Plantain (PL)</b>   | None                                     | Few <input checked="" type="checkbox"/> | Many |
| <b>Knotweed (KN)</b>   | None <input checked="" type="checkbox"/> | Few                                     | Many |
| <b>Other (O)</b>       |  |   | 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 Healthy.