

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point

DATE 8/15/11

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type Field Compaction: Yes ___ No ___
Drainage: Dry ___ Often Wet (W) X Low Spots (L) ___
Light: All Sun X Some Shade (S) ___ Trees Present (T) ___

IRRIGATION:

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Looks good.