

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME B.P.

DATE 9/26/14

DATE OF LAST SOIL TEST \_\_\_\_\_

FIELD PH \_\_\_\_\_

**OTHER SOIL TEST RECOMMENDATIONS**

**SITE CONDITIONS:**

Soil Type Field      Compaction: Yes \_\_\_\_\_ No X  
Drainage: Dry X      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**

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

**PESTS DICOT WEEDS**

<b>Dandelions (DL)</b>	None	<u>Few</u>	Many
<b>Plantain (PL)</b>	None	<u>Few</u>	Many
<b>Knotweed (KN)</b>	None	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 good.