

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point

DATE 10/17/16

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 1/4" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

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. Some high use wear
evident. Seed will help thicken.