

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

**IPM SCOUTING REPORT FOR ATHLETIC FIELDS**

**FIELD NAME** Black Point

**DATE** 5/7/15

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

**PESTS DICOT WEEDS**

<b>Dandelions (DL)</b>	None	Few	Many
<b>Plantain (PL)</b>	None	Few	Many
<b>Clover (CL)</b>	None	Few	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.

Insects (I) \_\_\_\_\_

Disease \_\_\_\_\_

Comments (Field Problems) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date of Inspection** \_\_\_\_\_