

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point DATE 6/6/12
 DATE OF LAST SOIL TEST _____ FIELD PH _____
 OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field Compaction: Yes _____ No X
 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 1X Duration per Application 30
 Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good <u>(X)</u>	Fair <u>(X)</u>	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	Few <u>(X)</u>	Many
Plantain (PL)	None	Few <u>(X)</u>	Many
Knotweed (KN)	None <u>(X)</u>	Few	Many
Other (O)			Many

Identify "Others" by name if possible _____

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

Insects (I) _____
 Disease _____

Recommended Remedial Actions and Timing

Comments Looks healthy

