

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point DATE 6/22/15

DATE OF LAST SOIL TEST _____ FIELD PH 6.67

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 min
Amount/Application 1/2" 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 type="checkbox"/>	Few <input checked="" type="checkbox"/>	Many <input type="checkbox"/>
Bare Areas (B)	None <input type="checkbox"/>	Few <input checked="" type="checkbox"/>	Many <input type="checkbox"/>

PESTS DICOT WEEDS

Dandelions (DL)	None <input type="checkbox"/>	Few <input checked="" type="checkbox"/>	Many <input type="checkbox"/>
Plantain (PL)	None <input type="checkbox"/>	Few <input checked="" type="checkbox"/>	Many <input type="checkbox"/>
Knotweed (KN)	None <input 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 Heavy use wear down middle of lacrosse field. Needs slice seering