

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point

DATE 6/24/12

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type _____ **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 30min
 Amount/Application 1" Time of Day of Application Night

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None	Few	<u>Many</u>
Plantain (PL)	None	Few	<u>Many</u>
Knotweed (KN)	None	Few	Many
Other (O)			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
