

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME Black Point

DATE 6/27/14

DATE OF LAST SOIL TEST \_\_\_\_\_

FIELD PH \_\_\_\_\_

**OTHER SOIL TEST RECOMMENDATIONS**

**SITE CONDITIONS:**

Soil Type Atletic Compaction: Yes X No \_\_\_\_\_  
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 2x Duration per Application 30 min  
Amount/Application 1/2" Time of Day of Application PM

**VISUAL CHARACTERISTICS OF TURF**

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

**PESTS DICOT WEEDS**

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

\_\_\_\_\_