

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Black Point **DATE** 7/18/12

DATE OF LAST SOIL TEST _____ **FIELD PH** _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field 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 P.

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "**Others**" by name if possible _____

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

