

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Back Point **DATE** 9/6/12

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 30 min
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	<u>Fair</u>	Poor
Density	Low	<u>High</u>	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 <u>None</u>	Few	Many
Plantain (PL)	None <u>None</u>	Few	Many
Knotweed (KN)	None	Few	Many
Other (O)			Many

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

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Color is still improving.