

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

IPM SCOUTING REPORT FOR ATHLETIC FIELDS

FIELD NAME Spring Brook DATE 5/6/15
 DATE OF LAST SOIL TEST _____ FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field Compaction: Yes X No _____
 Drainage: Dry X Often Wet (W) _____ 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
 Amount/Application 1/2" Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

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

Insects (I) _____

Disease _____

Comments (Field Problems) Wear from last years Soccer evident.

Signature _____

Date of Inspection _____