

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook **DATE** 5/20/13

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

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field 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 _____ Duration per Application _____
Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	<input type="radio"/> None	<input checked="" type="radio"/> Few	<input type="radio"/> Many
Plantain (PL)	<input type="radio"/> None	<input checked="" type="radio"/> Few	<input type="radio"/> Many
Knotweed (KN)	<input type="radio"/> None	<input type="radio"/> Few	<input type="radio"/> Many
Other (O)			<input type="radio"/> 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 Looks good

