

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME Spring Brook

DATE 5/30/14

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

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

OTHER SOIL TEST RECOMMENDATIONS \_\_\_\_\_

**SITE CONDITIONS:** Soil Type Athletic 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>	<u>None</u>	Few	Many
<b>Plantain (PL)</b>	<u>None</u>	Few	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**

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