

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 5/30/16

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type Field Compaction: Yes ___ No X
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 1x Duration per Application 30
Amount/Application 1/2" Time of Day of Application P1

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Identify "Others" by name if possible _____

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

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing _____

Comments Looks good.