

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 7/19/12

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** Noon

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None	<u>Few</u>	Many
Plantain (PL)	None	<u>Few</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.

Clover: None _____ Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

7/19/2012

