

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 7/25/13

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type tsch 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

Amount/Application 1/2" Time of Day of Application am

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	<u>None</u>	Few	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 Looking Good.
