

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook DATE 7/25/14
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 2x Duration per Application 30 min
Amount/Application 1/2 Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None <input checked="" type="radio"/>	Few	Many
Plantain (PL)	None <input checked="" type="radio"/>	Few	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

