

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook **DATE** 8/15/14
DATE OF LAST SOIL TEST _____ **FIELD PH** _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS: Soil Type Fert 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 PM

VISUAL CHARACTERISTICS OF TURF

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

POA + Crab Grass

PESTS DICOT WEEDS

Dandelions (DL)	None <input checked="" type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>
Plantain (PL)	None <input type="checkbox"/>	Few <input checked="" type="checkbox"/>	Many <input type="checkbox"/>
Knotweed (KN)	None <input type="checkbox"/>	Few <input type="checkbox"/>	Many <input type="checkbox"/>
Other (O)			Many <input type="checkbox"/>

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 Crab Grass + POA hurting Color.