

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 8/17

DATE OF LAST SOIL TEST _____

FIELD PH 5.73

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** mid VT

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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