

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Sandy Brook

DATE 9/7/15

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Fiel Compaction: Yes X No _____

Drainage: Dry _____ Often Wet (W) X Low Spots (L) _____

Light: All Sun X Some Shade (S) _____ Trees Present (T) _____

IRRIGATION:

Yes X No _____

If Yes, Type of Irrigation System _____

Frequency 2x Duration per Application 20

Amount/Application 1/2 in Time of Day of Application pm

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good <u>(3)</u>	Fair	Poor
Density	Low <u>(2)</u>	High	Combination
Smoothness (SM)	Good <u>(3)</u>	Poor	
Turf Surface (TS)	Smooth <u>(3)</u>	Clumps	Combination
Holes/Divots (H)	None <u>(3)</u>	Few	Many
Bare Areas (B)	None <u>(3)</u>	Few	Many

PESTS DICOT WEEDS

Dandelions (DL)	None	Few <u>(3)</u>	Many
Plantain (PL)	None	Few <u>(3)</u>	Many
Knotweed (KN)	None <u>(3)</u>	Few	Many
Other (O)			Many

Identify "Others" by name if possible _____

Weedgrass (WD): None _____ Some (3) Many _____ (3) Crabgrass, Witchgrass, Barnyard Grass, etc.

Clover: None _____ Some (3) Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments Healthy.
