

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook DATE 9/20/16

DATE OF LAST SOIL TEST _____ FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type FtW 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 PM

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

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

Looks good. Needs seeding from use.