

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook DATE 10/5/15

DATE OF LAST SOIL TEST _____ FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field 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 30
Amount/Application 1/2" Time of Day of Application pm

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

| | | | |
|------------------------|-------------|------------|------|
| Dandelions (DL) | <u>None</u> | <u>Few</u> | Many |
| Plantain (PL) | None | <u>Few</u> | Many |
| Knotweed (KN) | <u>None</u> | 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 worn, but healthy otherwise.