

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook **DATE** 6/28/12

DATE OF LAST SOIL TEST _____ **FIELD PH** _____

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 ODI
 Frequency _____ Duration per Application _____
 Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

Color (C)	Good	<u>Fair</u>	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)	None	<u>Few</u>	Many
Plantain (PL)	None	<u>Few</u>	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 Good Condition. High use in wet conditions
evident Grass yellow from stress of lower Fall
cutting height