

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Westworth

DATE 8/3/15

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type Field Compaction: Yes ← No X
Drainage: Dry X 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)	Good <input type="radio"/>	Fair <input checked="" type="radio"/>	Poor <input type="radio"/>
Density	Low <input type="radio"/>	High <input type="radio"/>	Combination <input checked="" type="radio"/>
Smoothness (SM)	Good <input type="radio"/>	Poor <input checked="" type="radio"/>	Combination <input type="radio"/>
Turf Surface (TS)	Smooth <input type="radio"/>	Clumps <input type="radio"/>	Combination <input checked="" type="radio"/>
Holes/Divots (H)	None <input type="radio"/>	Few <input checked="" type="radio"/>	Many <input type="radio"/>
Bare Areas (B)	None <input type="radio"/>	Few <input checked="" type="radio"/>	Many <input type="radio"/>

PESTS DICOT WEEDS

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

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

Improving.