

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

IPM SCOUTING REPORT FOR ATHLETIC FIELDS

FIELD NAME Westworth

DATE 8/17/15

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 1/4" Time of Day of Application P1

VISUAL CHARACTERISTICS OF TURF

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

PESTS DICOT WEEDS

Dandelions (DL)	None	Few <u>(X)</u>	Many <u>(X)</u>
Plantain (PL)	None	Few <u>(X)</u>	Many <u>(X)</u>
Clover (CL)	None	Few <u>(X)</u>	Many <u>(X)</u>
Knotweed (KN)	None? <u>(X)</u>	Few	Many
Other (O)			Many

Identify "Others" by name if possible _____

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

Insects (I) _____

Disease _____

Comments (Field Problems) poor soil.

Signature _____

Date of Inspection _____