

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

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Westworth

DATE 8/24/15

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS: Soil Type Field Compaction: Yes X No _____
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	Fair <u>X</u>	Poor
Density	Low	High	Combination <u>X</u>
Smoothness (SM)	Good	Poor <u>X</u>	Combination <u>X</u>
Turf Surface (TS)	Smooth	Clumps	Combination
Holes/Divots (H)	None	Few <u>X</u>	Many
Bare Areas (B)	None	Few <u>X</u>	Many

PESTS DICOT WEEDS

Dandelions (DL)	None	Few <u>X</u>	Many
Plantain (PL)	None	Few <u>X</u>	Many
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.
Clover: None _____ Some X Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments
