

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

**TURF MANAGEMENT SCOUTING REPORT**

FIELD NAME Wentworth

DATE 9/28/15

DATE OF LAST SOIL TEST \_\_\_\_\_

FIELD PH \_\_\_\_\_

OTHER SOIL TEST RECOMMENDATIONS \_\_\_\_\_

**SITE CONDITIONS:** Soil Type Field 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 \_\_\_\_\_  
 Frequency 2x Duration per Application 30  
 Amount/Application 1/2" Time of Day of Application PM

**VISUAL CHARACTERISTICS OF TURF**

<b>Color (C)</b>	Good <input checked="" type="checkbox"/>	Fair <input checked="" type="checkbox"/>	Poor <input checked="" type="checkbox"/>
<b>Density</b>	Low _____	High _____	Combination <input checked="" type="checkbox"/>
<b>Smoothness (SM)</b>	Good _____	Poor <input checked="" type="checkbox"/>	Combination <input checked="" type="checkbox"/>
<b>Turf Surface (TS)</b>	Smooth _____	Clumps <input checked="" type="checkbox"/>	Combination <input checked="" type="checkbox"/>
<b>Holes/Divots (H)</b>	None _____	Few <input checked="" type="checkbox"/>	Many <input checked="" type="checkbox"/>
<b>Bare Areas (B)</b>	None _____	Few <input checked="" type="checkbox"/>	Many <input checked="" type="checkbox"/>

**PESTS DICOT WEEDS**

<b>Dandelions (DL)</b>	None <input checked="" type="checkbox"/>	Few _____	Many _____
<b>Plantain (PL)</b>	None _____	Few <input checked="" type="checkbox"/>	Many _____
<b>Knotweed (KN)</b>	None <input checked="" type="checkbox"/>	Few _____	Many _____
<b>Other (O)</b>	_____		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 Improvement continues