

I. Fertility/Nutrient Management

| Date of Application/Location All or part of field | Product | Rate (1 lb/fert/ 1000 sq.ft) | Fert Analysis N P K (46-0-0) | Compost Analysis (1/4" compost@ dry weight basis is approx. 750#/1,000 sq.ft) | Biostimulant (Y/N, type) |
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| Annual Total | | | | | |

II. Other-Cultural Management

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| Mowing Practices | Frequency _____ Height of Cut _____ Blade Sharpen Frequency _____ Rotary _____ Reel _____ Collection of Clippings: No _____ Yes _____ If yes why _____ | <u>Comments</u> |
| Irrigation | Irrigation : Y / N Frequency _____ Rate _____ Water source _____ | |
| Cultivation | Type: Hollow _____ Solid _____ Slice _____ Frequency _____ | |
| Topdressing | Frequency _____ Rate _____ Material Composition _____ | |
| Overseeding | Frequency _____ Rate _____ Date _____ Mixture/Blend Formula _____ Pre-Germ Y N Species _____ (Varieties, if known) | |
| Soil Test | Date: _____ Action Taken: _____ | |

