

Nez Perce County
1239 Idaho Street
Lewiston, ID 83501
(208) 799-3096

**Plant Diagnostic Clinic
LAWN OR TURF PLANT PROBLEM DIAGNOSIS FORM**

Name _____ Phone (daytime) _____

Address _____ Cell Phone _____

City _____ Email _____

State _____ Zip _____ County _____

Commercial applicator yes no Company (PCO's only) _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your lawn/turf problem and recommend the action you need to take.

1. Where does the problem exist:

- All over lawn
- Patchy or in spots
- In sunny areas
- In shady areas
- Under trees
- Near sidewalk or structure
- On a slope
- On high spot
- On low spot
- Heavy use area
- Where air movement is little or none

2. When did you first notice the problem:

How long ago? _____

What season? _____

What is the weather like when the problem is the worst

- Cool
- Moist
- Warm
- Dry

Does the problem get better then bad again? Yes No

3. If problem is overall:

- Is it yellow
- Tips of blade look burned
- Scalped look
- Mower blade dull

4. If problem is patchy:

What size is the average patch? _____

What color is the patch? _____

- Solid shape
- Frog-eye shape
- Other shape _____
- Are there mushrooms present?

5. If patchy:

Do you have pets, especially dogs? Yes No

Did something spill on the lawn? Yes No

(i.e., automobile oil, paint thinner, other chemical)

Is there a funny smell? Yes No

Wash something or rinse out something (i.e., paint buckets)? Yes No

Was a crabgrass pre-emergent used on a new lawn or newly reseeded area?
 Yes No

Parked car on the lawn left running? Yes No

Is there a leach field nearby? Yes No

Were any sprays used on your lawn? Yes No

If yes, when? _____

Herbicides: _____

Insecticides: _____

Did the sprayer get rinsed after previous/last use? Yes No

Was a wetting agent used? Yes No

Have your neighbors sprayed? Yes No

6. Your lawn:

How old is your lawn? _____

What kind(s) of grass? _____

If sod, where did you get it? _____

7. Your soil:

What kind of soil do you have?

Sandy Clay Loam

Was topsoil brought in? from where? _____

8. Watering:

How is lawn watered?

System:

hand watered

hand set sprinkler

auto sprinkler system

Watering frequency:

_____ times a week for

_____ minutes each time

as needed with checking soil

as needed without checking soil/relative to weather

What time of day do you water? _____

What kind of spray? Coarse Fine

Does the water soak in Slow Fast

Is your coverage good? Yes No

Could you have missed a watering? Yes No

9. Fertilizing:

Do you fertilize yourself or have a service do it? _____

How often do you fertilize? _____

When did you last fertilize _____

What kind of fertilizer? Liquid Pellets

What kind of dispenser? Drop Whirlybird

How much did you feed? _____

Was the lawn wet when you fertilized? Yes No

Did you water-in after fertilizing? Yes No

10. Other lawn care, do you:

Power rake Aerate Rake leaves in fall

How often do you mow? _____

To what length? _____

Do you catch the clippings? Yes No

11. Insects:

Is your lawn? Lumpy Spongy

Are the grass blades:

Loose Firmly attached

Come up easily Are roots attached

Can the turf be rolled back? Yes No

If so, are there grubs present? Yes No

If grubs Legged Legless

Is there evidence of chewing on blades or roots?

Is there pin head sized excrement? Yes No

Are there silken tunnels? Yes No

Are there flying moths or insects over the lawn especially when you walk across it?

Yes No

Is there a flock of birds attracted to your lawn? Yes No

Does an open-end can, soil drench, or white paper test produce bugs? Yes No

Have you had past problems with insects? Yes No

Have you treated for insects? Yes No

If so, when _____

With what _____

Do not write in diagnosis space.

Diagnosed by: _____

Diagnosis:

Trade names have been used to simplify information; no endorsement is intended.

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