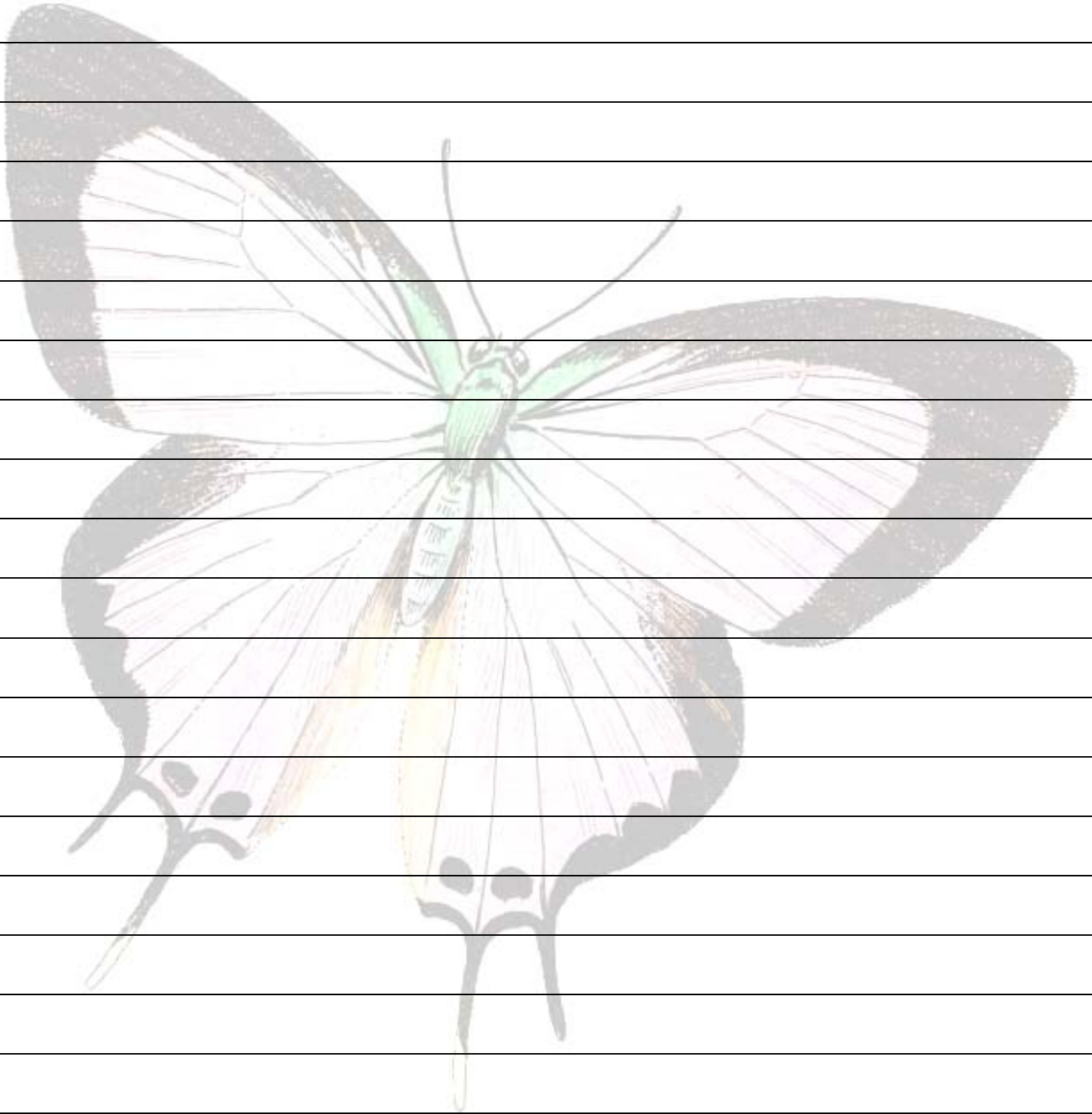


Garden Journal



Garden Journal





Garden Calendar

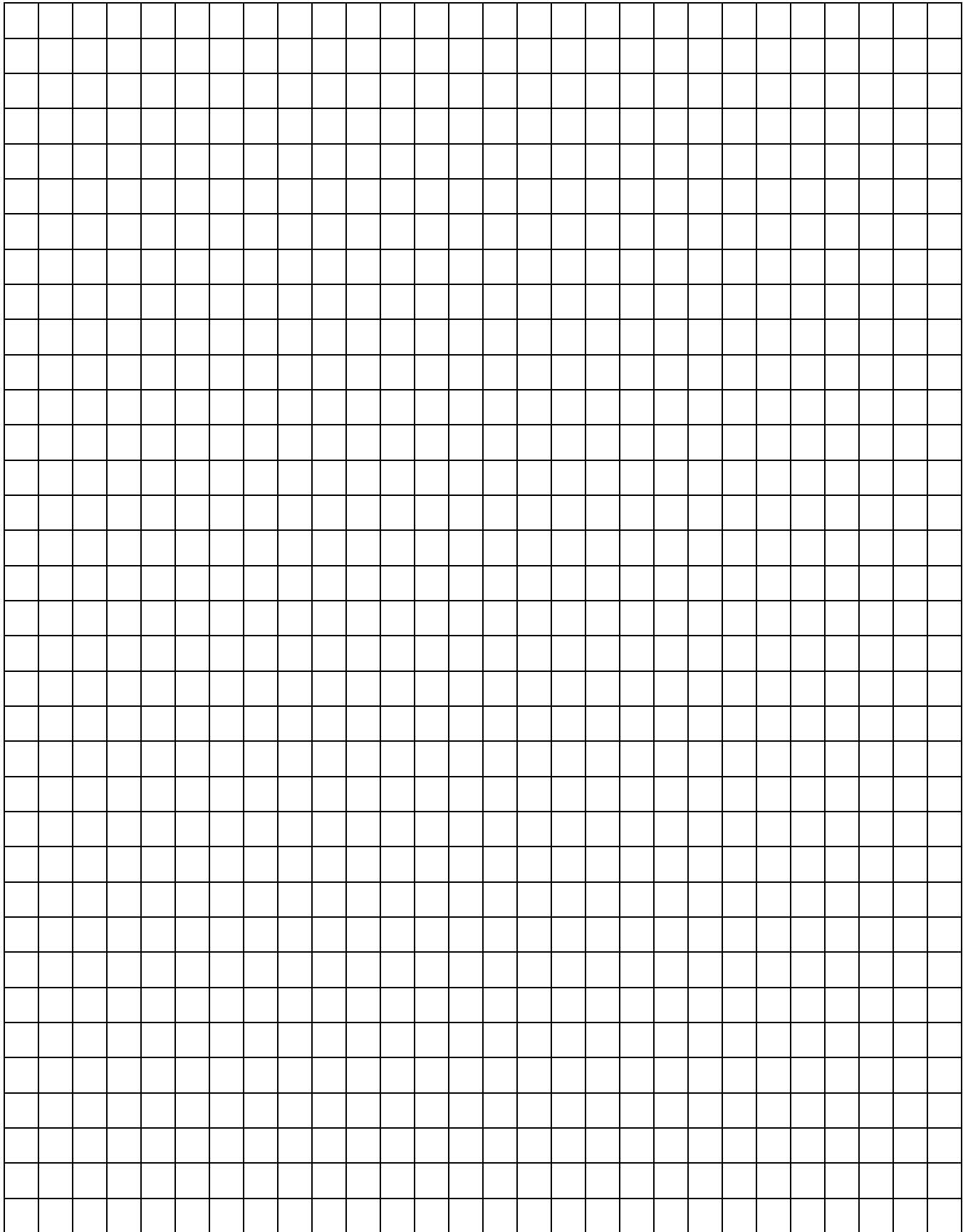


Month _____ Year _____

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

Garden Layout

Use the graph below to layout your garden bed for size and spacing. Each square is approximately one square foot.



Plant Profile

<i>Common Name</i>	<i>Botanical Name</i>
<i>Family</i>	<i>Plant Type</i>
<i>Native</i>	<i>Zone Hardiness</i>
<i>Bloom Color</i>	<i>Bloom Size</i>
<i>Bloom Time</i>	<i>Foliage Color</i>
<i>Fragrance?</i>	<i>Foliage Description</i>
<i>Expected Height</i>	<i>Purchased/Acquired From</i>
<i>Expected Width</i>	<i>Cost</i>
<i>Date Planted</i>	<i>Planting Notes</i>

Activities:

<i>Date</i>	<i>Location</i>	<i>Activity</i>

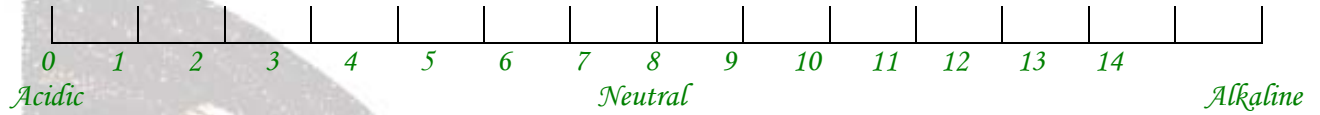
Put a photograph here

Soil Analysis

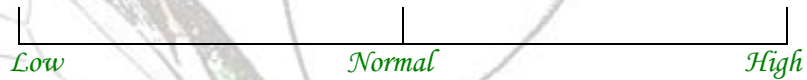
Many do-it-yourself soil kits allow you to test for soil pH as well as for nitrogen, phosphorous, and potassium. You can track your results here. For a more thorough analysis, contact your county extension office and attach their findings to this sheet.

Garden Area _____ **Year** _____

pH Balance



Nitrogen Levels



Phosphorous Levels



Potassium Levels



Type of Soil: *Clay, Sandy, Silt, Rocky*

Soil Amendments Added

<i>Type of Amendment</i>	<i>Amount</i>
<i>Manure</i>	
<i>Compost</i>	
<i>Sand</i>	
<i>Sulfur</i>	
<i>Saw Dust</i>	
<i>Limestone</i>	
<i>Peat Moss</i>	
<i>Gypsum</i>	

To Do List

Month _____

Week 1	Completed Date
Week 2	Completed Date
Week 3	Completed Date
Week 4	Completed Date

Seed Starting Journal – Ornamentals

Indoor

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Seed Starting Journal – Edibles

Indoor

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

Individual Plant Analysis - Ornamentals

Common Name _____ Botanical Name _____

Acquired From _____ Cost _____ Date Planted _____

Plant Type _____ Bloom Color _____ Foliage Color _____

Hardiness Zone _____ Bloom Fragrance _____ Foliage Fragrance _____

Expected Height _____ Actual Height 1st year _____ 2nd year _____ 3rd year _____

Expected Width _____ Actual Width 1st year _____ 2nd year _____ 3rd year _____

Planting Notes _____

Pest Problems _____

Location _____ Moved to _____ Date _____

Additional Notes: _____

Place a picture of the plant below or use the area for more notes.

Individual Plant Analysis - Edibles

Name _____ Variety _____

Acquired From _____ Cost _____ Date Planted _____

Expected Harvest Date _____ Actual Harvest Date _____

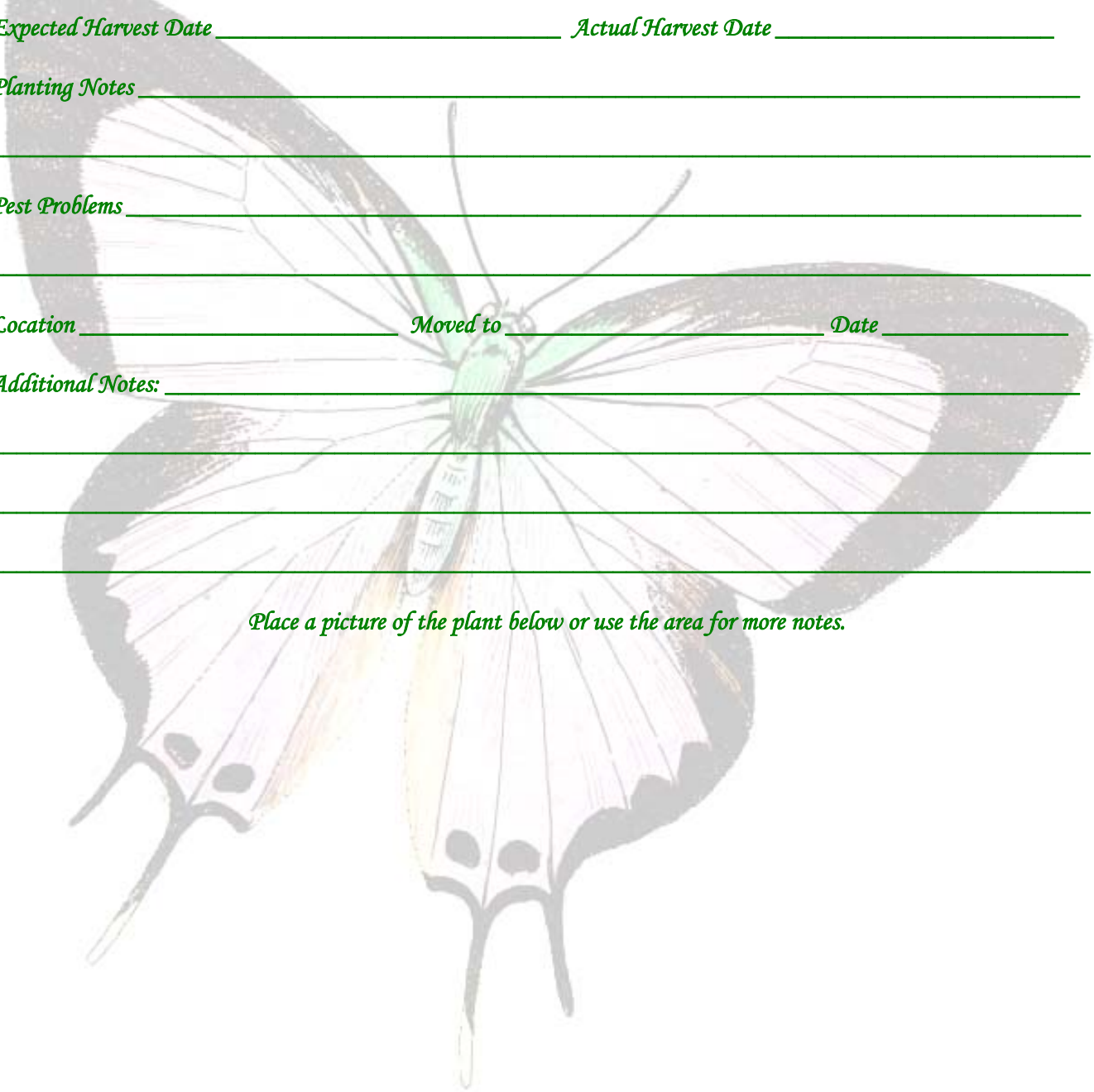
Planting Notes _____

Pest Problems _____

Location _____ Moved to _____ Date _____

Additional Notes: _____

Place a picture of the plant below or use the area for more notes.



What's Blooming

Month _____

Week 1		Week 2	
Week 3		Week 4	

Plant Wish List

Date _____

<i>Plant Name, Description, Source</i>	<i>Picture of Plant</i>
