

Garden Journal



Garden Journal





Garden Calendar

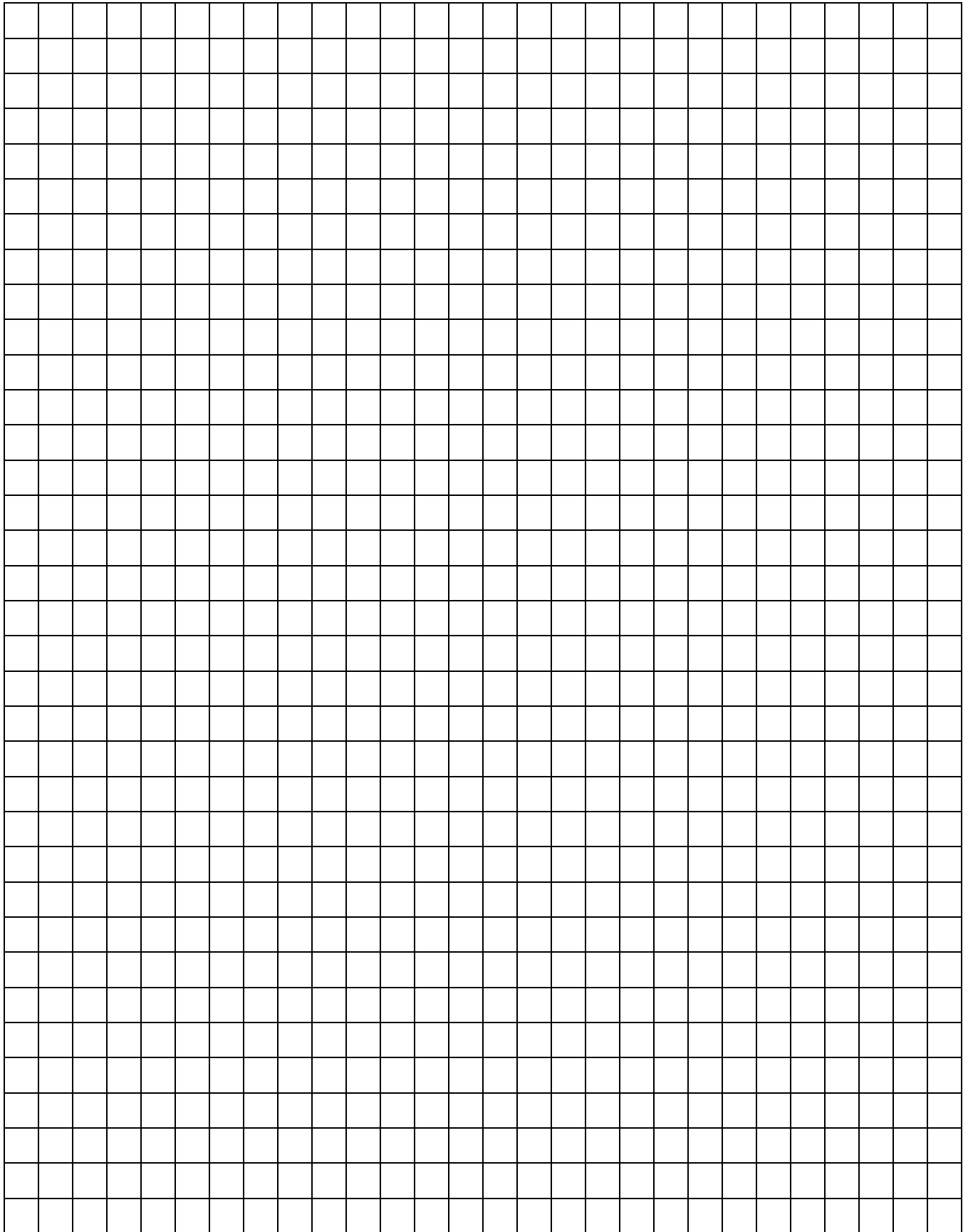


Month _____ Year _____

<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.

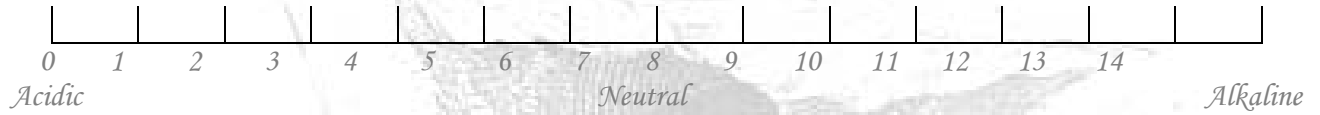


Soil Analysis

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 _____

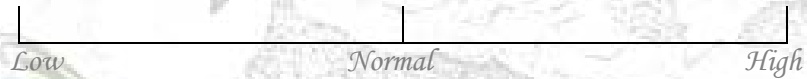
pH Balance



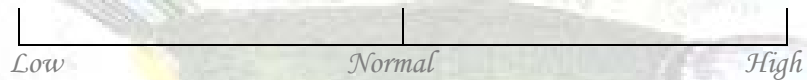
Nitrogen Levels



Phosphorous Levels



Potassium Levels



Type of Soil: Clay, Sandy, Silt, Rocky

Soil Amendments Added

Type of Amendment	Amount
Manure	
Compost	
Sand	
Sulfur	
Saw Dust	
Limestone	
Peat Moss	
Gypsum	

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.

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.

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 _____

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Notes _____

Seed Starting Journal – Ornamentals

Indoor

Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

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Name _____ Date Sown _____ Date Sprouted _____

Type of Light / Hours per Day _____ Date Transplanted _____

Notes _____

To Do List

Month _____

<i>Week 1</i>	<i>Completed Date</i>
<i>Week 2</i>	<i>Completed Date</i>
<i>Week 3</i>	<i>Completed Date</i>
<i>Week 4</i>	<i>Completed Date</i>

Plant Wish List

Date _____

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

