Herb Journal

HERB NAME:

VARIETY (IF KNOWN): It's not necessary unless you're growing lots of the same herb

DATE FIRST SOWN:	TRANSPLANTED ON / POTTED ON:	FIRST HARVEST DATE:

Harvest Notes:

How did it taste?

How much did you get?

Did you dry or preserve any?

Sun & Spot:

Where did you grow it? (e.g. full sun on balcony / part shade in raised bed)

Water & Care Notes:

How often you watered / fed it, and how it responded

Wins & Mishaps:

What went well? What flopped?

Next Year Reminders:

What would you do differently? Try again? Plant more/less of?

NOTES & DOODLES:

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