

2015
ANNUAL REPORT

**ZOSTERA JAPONICA CONTROL ON COMMERCIAL
CLAM BEDS IN WILLAPA BAY**

HECKES CLAMS INC.

Submitted to:

Washington Department of Ecology

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Author:

David Beugli

WGHOGA Project Coordinator

Treatment Information

All treatments occurred within the boundaries of the provided bed corner coordinates, but all acres within these boundaries may not have been treated. For information concerning locations treated, size in acres, treatment dates and amount of active ingredient applied to the treatment area refer to Table 1.

Table 1. Treatment information for the control of *Zostera japonica* on commercial clam beds in Willapa Bay, WA.


Treatment Dates	Bed Name	Latitude	Longitude	Acres	Total Amount of Pesticide Applied (oz)	Active Ingredient (Total lbs.)	Active Ingredient (lbs. per acre)
4/27/2015	TL605, TL619	46.5073	-124.0283	6.5	78	0.6094	0.0938
		46.5070	-124.0264				
		46.5077	-124.0261				
		46.5077	-124.0237				
		46.5046	-124.0249				
		46.0460	-124.0272				
		46.5043	-124.0219				
4/28/2015	D81	46.4361	-124.0206	11	176	1.3750	0.1250
		46.4366	-124.0141				
		46.4322	-124.0140				
		46.4321	-124.0161				
		46.4347	-124.0166				
46.4347	-124.0204						
4/29/2015	D80	46.4410	-124.0213	7.5	120	0.9375	0.1250
5/9/2015	D80	46.4412	-124.0144	9.5	172	1.3438	0.1414
		46.4367	-124.0142				
46.4367	-124.0189						
4/30/2015	TL258	46.4296	-124.0179	8.8	140	1.0938	0.1243
5/1/2015	TL258	46.4294	-124.0132	9	144	1.1250	0.1250
5/8/2015	TL258	46.4178	-124.0127	16.2	260	2.0313	0.1254
		46.4176	-124.0167				
5/6/2015	E231 S	46.6099	-124.0392	8	128	1.0000	0.1250
		46.6098	-124.0359				
		46.6088	-124.0359				
		46.6083	-124.0378				
5/7/2015	E78	46.5601	-124.0185	11	176	1.3750	0.1250
		46.5601	-124.0136				
		46.5560	-124.0136				
		46.5550	-124.0138				
		46.5548	-124.0183				


Monitoring Results

Under special condition S5.A monitoring is required if treatment occurs up to the 10m property line buffer. In 2015 no treatments occurred up to the 10m property line buffer therefore no additional monitoring was required.

Signature Requirements

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of those persons directly responsible for gathering information, the information in the report is, to the best of my knowledge and belief, true, accurate, and complete and will be updated as necessary. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment of knowing violations.


Signature


Date