2015

ANNUAL REPORT

ZOSTERA JAPONICA CONTROL ON COMMERCIAL CLAM BEDS IN WILLAPA BAY

NORTHERN OYSTER CO.

Submitted to:

Washington Department of Ecology November 2, 2015

Author:

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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)
6/4/2015	D99	46,472240	-124.024370	12	144	1.1250	0.0938
		46.472160	-124.026250				
		46.467650	-124.024370				
		46.467600	-124.024800				
6/5/2015	TL620	46.508120	-124.025710	10	120	0.9375	0.0938
		46.508130	-124.023830				
		46.510030	-124.022750				
		46.511680	-124.022100				
		46.511680	-124.023280				
		46.508720	-124.025720				
6/14/2015	E114	46.573720	-124.014470	30	360	2.8125	0.0938
		46.574300	-124.019710				
		46.568520	-124.016540				
		46.568410	-124.013270				
6/15/2015	E215	46.559040	-124.021170	30	360	2.8125	0.0938
		46.558900	-124.013530				
		46.560900	-124.013700				
		46.566950	-124.021040				
		46,566930	-124.014220				

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