

**2021**

**ANNUAL REPORT**

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

**WILLAPA BAY SHELFISH**

**Submitted to:**

Washington Department of Ecology

November 30, 2021

**Author:**

David Beugli

WGHOGA

## 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. Under special condition S4.B when a buffer is not required due to a cooperating land owner that parcel edge is marked with an X indicating a cooperating land owner. In some cases a parcel edge may have a cooperating land owner and a distance from edge of treatment measurement indicating that multiple landowners own land on the property edge. For additional information concerning locations treated, size in acres, treatment dates, distance from the property, parcel or lease boundary 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	Parcel	Corner Coordinates		Distance From Parcel Boundary To Edge of Treatment Site				Cooperating Landowners				Acres	Amount of Pesticide Applied (oz)	Active Ingredient (Total lbs.)	Active Ingredient (oz./acre)
			Latitude	Longitude	North Edge	East Edge	South Edge	West Edge	North Edge	East Edge	South Edge	West Edge				
6/10/2021	D102	79004001102	46.4321	-124.0183	>35'	>35'	>35'	>35'	X	X			9	90	0.70	1.21
			46.4322	-124.0141												
			46.4297	-124.0140												
			46.4296	-124.0185												
5/25/2017	TL52	12112755052	46.5019	-124.029	>35'	>35'	>35'	>35'	X	X	X		5	39	0.30	0.94
			46.5019	-124.028												
			46.5046	-124.027												
			46.5046	-124.029												

**Monitoring Results**

Under special condition S5.A monitoring is required if treatment occurs up to the 10m property line buffer. In 2021 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

11/10/24

Date