

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME **Riverence Brood LLC**

ADDRESS **10414 173rd Ave SW**

Rochester, WA 98579

County **Thurston**

FACILITY **Same**

LOCATION **Same**

WA0040819

PERMIT NUMBER

001

DISCHARGE NUMBER


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2022	1	1		2022	12	31

FROM

TO

Chemical Used	Amount Used	Units	Notes
Terramycin (2.0 gm / lb of feed)	0	lbs of feed	
Terramycin (4.0 gm / lb of feed)	0	lbs of feed	
Terramycin (.68 g / lb of feed)	0	lbs	
Romet 30 (2.27 gm / lb of feed)	0	lbs of feed	
Romet 30 (_____ gm / lb of feed)	0	lbs of feed	
Erythromycin (2.25 gm / lb of feed)	0	lbs of feed	
Erythromycin (4.5 gm / lb of feed)	0	lbs of feed	
Erythromycin (_____ gm / lb of feed)	0	gms	
Amoxicillin	0	gms	
Chloramine - T	5.158	Kg	
Formalin (37% Formaldehyde)	1617	gal	
Buffered Iodophore (1%)	55	gal	
MS-222	38	Kg	38 1 kilo bottles of MS-222
Chlorine (12.5%)	0	gals	
Chlorine (_____%)	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia (35%)	0	gal	
NaCl	5,670	kg	
PeroxAID	18	gal	
Florfenicol	15.02	grams	VFD: 20kilos of feed at florfenicol 681g/ton

For other chemicals used but not able to be listed on this form, please enclose as an attachment.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DATE		
David Rockefeller		01	25	2023
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM	DD	YY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 11 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)