

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME DEPT. OF FISH & WILDLIFE - HATCHERIES
ADDRESS 600 CAPITOL WAY N
 OLYMPIA, WA 98501

WA-004087-8
PERMIT NUMBER

DISCHARGE NUMBER

FACILITY South Sound Net Pens
LOCATION Peale Passage

MONITORING PERIOD
 FROM

YEAR	MO	DAY
2019	1	1

 TO

YEAR	MO	DAY
2019	12	31

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 (_____ gm / lb of feed)	0	lbs of feed	
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	0	lbs	
Formalin (37% Formaldehyde)	0	gal	
Buffered Iodophore (1%)	0	gal	
MS-222	50	grams	Used for sampling
Chlorine (12.5%)	0	gals	
Chlorine (_____%)	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia (35%)	0	gal	

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DATE		
KELLY SUSEWIND / DIRECTOR WDFW		1	17	2020
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.)