

## 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**

YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	1	1		2019	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 ( _____ 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.)