

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

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

WAG 13-1027
PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Beaver Creek
LOCATION Cathlamet, WA

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
2021	1	1	TO	2021	12	30

FROM

Chemical Used	Amount Used	Units	Notes
Terramycin (2.0 gm / lb of feed)	387	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)	3,024	gal	
Buffered Iodophore (1%)	0	gal	
MS-222	2,250	grams	
Chlorine (12.5%)	0	gals	
Chlorine (_____ %)	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia (35%)	0	gal	
Florfenicol	4080	lbs of feed	
Salt	5,576	lbs	
KMNO4	31,618	gms	

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	21	2022
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.)