

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME WASHINGTON DEPT OF FISH & WILDLIFE
ADDRESS P.O. BOX 43200
OLYMPIA, WA 98504-3200

WA0039730
PERMIT NUMBER

FACILITY Voights Creek Hatchery
LOCATION 18801 Voight Meadow Road East Orting WA 98360

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2023	1	1	TO	2023	12	31

FROM

TO

Chemical Used	Amount Used	Units	Notes
Terramycin (2.0 gm / lb of feed)	1073	lbs of feed	
Terramycin (4.0 gm / lb of feed)	*	lbs of feed	
Terramycin (___ / lb of feed)	*	lbs of feed	
Romet 30 (2.27 gm / lb of feed)	*	lbs of feed	
Romet 30 (_____ gm / lb of feed)	*	lbs of feed	
Erythromycin (2.25 gm / lb of feed)	*	lbs of feed	
Erythromycin (4.5 gm / lb of feed)	*	lbs of feed	
Erythromycin (_____ gm / lb of feed)	*	gms	
Amoxicillin	*	gms	
Chloramine - T	*	lbs	
Formalin (37% Formaldehyde)	870	gal	
Buffered Iodophore (1%)	15	gal	
MS-222	1900	grams	
Chlorine (12.5%)	*	gals	
Chlorine (_____%)	*	gals	
Sodium Thiosulfate	*	lbs	
Quarternary Ammonia (35%)	*	gal	
Virkon	109	Ounces	
Potassium Permanganate	6.45	lbs	

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	11	2024
				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.)