

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME **DEPT. OF FISH & WILDLIFE - HATCHERIES**

ADDRESS **600 CAPITOL WAY N**

OLYMPIA, WA 98501

WAG13-3013

PERMIT NUMBER

FACILITY **WDFW Icy Creek (c/o Soos Creek Hatchery)**

LOCATION **13030 SE Auburn-Black Diamond Rd. Auburn, WA 98092-9206**

MONITORING PERIOD

FROM

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

Chemical Used	Amount Used	Units	Notes
Terramycin (2.0 gm / lb of feed)	*	lbs of feed	
Terramycin (4.0 gm / lb of feed)	*	lbs of feed	
Terramycin (_____ gm / 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)	3052	lbs of feed	
Erythromycin (_____ gm / lb of feed)	*	gms	
Amoxicillin	*	gms	
Chloramine - T	*	lbs	
Formalin (37% Formaldehyde)	*	gal	
Buffered Iodophore (1%)	*	gal	
MS-222	*	grams	
Chlorine (12.5%)	*	gals	
Chlorine (_____ %)	*	gals	
Sodium Thiosulfate	*	lbs	
Quarternary Ammonia (35%)	*	gal	
Potassium Permanganate (KMnO4)	*	lbs	

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

*** No Chemical Used.**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DATE		
KELLY SUSEWIND / DIRECTOR WDFW		1	23	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.)