

ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME Riverence Brood LLC
ADDRESS 10414 173rd Ave SW
Rochester, WA 98579
County Thurston
FACILITY Same
LOCATION Same

WA0040819
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2023	1	1		2023	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	
<u>Terramycin (.68 g / lb of feed)</u>	0	lbs	
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	18.51	Kg	
Formalin (37% Formaldehyde)	1730	gal	
Buffered Iodophore (1%)	55	gal	
MS-222	32	Kg	32 1 kilo bottles of MS-222
Chlorine (12.5%)	0	gals	
Chlorine (_____%)	0	gals	
Sodium Thiosulfate	0	lbs	
Quarternary Ammonia (35%)	0	gal	
NaCl	3,300	kg	
PeroxAID	0	gal	
Florfenicol	30.04	grams	VFD: 40kilos of feed at florfenicol 681g/ton

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	x	DATE		
Jeff Hudson		01	30	2024
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.)