

## 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	
Terramycin ( .68 g / lb of feed )	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.)