

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

1

DISCHARGE 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

2024

1

1

TO

YEAR

MO

DAY

2024

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 )	*	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.

\* Chemicals not used.

DATE

1

15

2025

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.)