

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business agency name if appropriate) Santa Barbara Airport 500 Fowler Road Santa Barbara, CA 93117 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: ((805) 967-7111		2. LOCATION OF DAMAGE Santa Barbara Airport	
		3. COUNTY Santa Barbara	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED BASH hazard, human health and saf	C. NATURE OF DAMAGE Bird strikes to aircraft and possible human death

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Potential bird strikes affecting humans and aircraft.	B. DOLLAR LOSS (If available) <input type="checkbox"/> Per Unit \$ 1,000,000's <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY ADC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE year round	E. DATE ASSISTANCE REQUEST RECEIVED 8/14/2009	F. DATE OF INVESTIGATION 8/14/2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. All Migratory birds		Bird strike risk to aircraft is growing.
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment Loan <input checked="" type="checkbox"/> Other (specify) WS available at request of airport <input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports good results with the use of pyrotechnics, vehicle harassment, human harassment, dog harassment, exclusionary devices (i.e. grid-wires), effigies, habitat modifications, lethal control, trapping, and public awareness.

9. DEPREDATION PERMIT
ADC RECOMMENDS PERMIT BE ISSUED. If "YES" suggested conditions of permit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Recommend permit to be issued to take migratory birds by lethal/non-lethal methods to protect human health and safety and aircraft. Methods allowed should include use of firearms, air rifles, egg and nest removal, legal lethal and live traps. Anti-perching devices should be installed on all towers and buildings, hazing with pyrotechnics and effigies should also be incorporated to reduce bird numbers. All trapping and relocating methods should be determined by USDA, CA DFG and FWS.

10. ADC INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) USDA Wildlife Service (b)(6) 3419 A Arden Way, Sacramento, CA 95825 (b)(6) (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="border: 1px solid black; height: 100px;"></div>
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include <i>business</i> agency name if appropriate) Mineta San Jose International 1732 North First St. Suite 600 San Jose , CA 95112 Attn. (b)(6) TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: ()	2. LOCATION OF DAMAGE Mineta San Jose International 3. COUNTY San Clara 4. STATE CA
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED human health and safety	C. NATURE OF DAMAGE Bird strikes to aircraft and possible human death

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Potential bird strikes affecting humans and aircraft.	B. DOLLAR LOSS (#available) <input type="checkbox"/> Per Unit \$ 1,000,000's <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY ADC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE year round	E. DATE ASSISTANCE REQUEST RECEIVED 8/21/2009	F. DATE OF INVESTIGATION 8/21/2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. All Migratory birds		Bird strike risk to aircraft is significant.
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
Applicant reports good results with the use of pyrotechnics, vehicle harassment, human harassment, exclusionary devices (i.e. grid-wires), effigies , habitat modifications, lethal control, trapping, and public awareness.

9. DEPREDATION PERMIT
ADC RECOMMENDS PERMIT BE ISSUED. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If "YES" suggested conditions of permit.</small>

Recommend permit to be issued to take migratory birds by all legal lethal/non-lethal methods to protect human health and safety and aircraft. Methods allowed should include use of firearms, air rifles, egg and nest removal, legal lethal and live traps. Anti-perching devices should be installed on all towers and buildings, hazing with pyrotechnics and effigies should also be incorporated to reduce bird numbers. All trapping and relocating methods should be determined by USDA, CA DFG, or FWS.

10. ADC INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) USDA Wildlife Services (b)(6) 3419 A Arden Way, Sacramento, CA 95825 (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include <i>business agency name it appropriate</i>) Sacramento County Department Airports 6900 Airport Blvd. Sacramento, Ca 95837 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (916) 874-0820	2. LOCATION OF DAMAGE Sacramento County Airports - (Sacramento International, Executive Mather, McClellan, and Franklin Airports)
	3. COUNTY Sacramento
	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED human health and safety	C. NATURE OF DAMAGE Bird strikes to aircraft and possible human death

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (<i>Pounds, acres, each, etc.</i>) Potential bird strikes affecting humans and aircraft.	B. DOLLAR LOSS (<i>if available</i>) <input type="checkbox"/> Per Unit \$ 1,000,000's <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY ADC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE year round	E. DATE ASSISTANCE REQUEST RECEIVED 8/18/2009	F. DATE OF INVESTIGATION 8/18/2009
G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. All Migratory birds		G. Other. USDA WS Biologist working full time at airport. Bird strike risk to aircraft is significant
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment Loan <input checked="" type="checkbox"/> Other (specify) WS Airport Biologist stationed at airport <input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports good results with the use of pyrotechnics, vehicle harassment, human harassment, dog harassment, exclusionary devices (i.e. grid-wires), effigies, habitat modifications, lethal control, trapping, and public awareness.

9. DEPREDATION PERMIT	
ADC RECOMMENDS PERMIT BE ISSUED. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit.	

Recommend permit to be issued to take migratory birds by all legal lethal/non-lethal methods to protect human health and safety and aircraft. Methods allowed should include use of firearms, air rifles, egg and nest removal, legal lethal and live traps. Anti-perching devices should be installed on all towers and buildings, hazing with pyrotechnics and effigies should also be incorporated to reduce bird numbers. All trapping and relocating methods should be determined by USDA, CA DFG and FWS.

10. ADC INVESTIGATOR NAME AND ADDRESS (<i>Print</i>) (b)(6) USDA Wildlife Services, (b)(6) 3419 A Arden Way, Sacramento, CA 95825 (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY (Empty space for permit agency use)
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6)	2. LOCATION OF DAMAGE (b)(6)
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (b)(6)	3. COUNTY San Bernardino
	4. STATE California

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Pistachios, grapes, pomegranates	C. NATURE OF DAMAGE feeding

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 6 tons of pistachio 10 acres of grapes 1 ton of pomegranates	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 70,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE June through September	E. DATE ASSISTANCE REQUEST RECEIVED August 31, 2009	F. DATE OF INVESTIGATION August 31, 2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	2000	(b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Owner has attempted harassment with propane cannons, mylar tape, balloons, and dogs with little to no success. Wildlife Services recommends reinforcing non-lethal attempts with lethal take.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends taking 20 ravens.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

DLO

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Links at Riverlakes Ranch Golf Course 5201 Riverlakes Dr. Bakersfield, CA. 93312 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (661)587-3813</p>	<p>2. LOCATION OF DAMAGE Same address</p>
<p>3. COUNTY Kern</p>	<p>4. STATE CA</p>

5. RESOURCE		
<p>A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED Golf Course greens, tees and ruffs.</p>	<p>C. NATURE OF DAMAGE Feeding on greens, tees and ruffs. Defecating on greens, tees and ruffs</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 200 acres of turf.</p>	<p>B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 100,000.00</p>	<p>C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE September thru April</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED 9/28/2009</p>	<p>F. DATE OF INVESTIGATION 9/28/2009</p>	<p>G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	600	Fax # (661)587-3814
2.		Renewal permit #MB063305-0
3.		Contact person: (b)(6)
4.		

8. WS ASSISTANCE PROVIDED	
<p>A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies</p>	

<p>B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Egg/nest destruction</p>		
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C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Reported chasing coots with golf carts and on foot while making loud noises. Also reported removal of cattails and other aquatic vegetation to reduce cover.

9. DEPREDATION PERMIT	
<p>WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>IF "YES" suggested conditions of permit: WS recommends lethal removal of American Coots to help re-enforce current harassment techniques and habitat modifications being implemented.</p>

<p>10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)</p>	<p>12. FOR USE BY DEPREDATION PERMIT AGENCY</p>
<p>11. V: (b)(6) E: (b)(6)</p>	

210

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include <i>business</i> agency name if appropriate)		2. LOCATION OF DAMAGE	
High Tide & Green Grass, Inc., dba River Ridge Golf Club Attn: (b)(6) 2401 West Vineyard Ave, Oxnard, CA 93030		2401 West Vineyard Ave. Oxnard, CA 93030	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (805) 981-8722		3. COUNTY	4. STATE
		Ventura	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	Golf Course Putting Greens	Root & turf damage on greens & fairways.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (if available)	C. LOSS CONFIRMED BY ADC
Labor cost for repairs & replacement at \$1000/event.	<input checked="" type="checkbox"/> Per Unit \$ 1,000.00 <input type="checkbox"/> Total	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
November - March	8/14/09	8/18/09
		G. INVESTIGATION TYPE
		<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	1,000	
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED		
<input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	
B. RECOMMENDED ACTION(S)		
<input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping	<input type="checkbox"/> Trap and relocate	Alpha Chloralose
<input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting	<input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Pyrotechnics and exclusion with fair results. Human harassment with good results. Scarecrows, mylar tape, dogs, grids, and habitat alteration with poor results.

9. DEPREDATION PERMIT	
ADC RECOMMENDS PERMIT BE ISSUED. If "YES" suggested conditions of permit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Recommend to take 500-600 American coots by shooting, trapping & euthanizing by carbon dioxide inhalation or application of alpha chloralose by USDA-WS. Permit should include active harassment

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6)	
TELEPHONE (b)(6)	
11. ADDRESS (b)(6)	

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business agency name if appropriate)		2. LOCATION OF DAMAGE	
Merced County Castle Airport 2507 Heritage Way Atwater, CA 95301		Castle Airport	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC (209) 769-2262		3. COUNTY	4. STATE
		Merced	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	BASH hazard, human health and saf	Bird strikes to aircraft and possible human death

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (\$available)	C. LOSS CONFIRMED BY ADC
Potential bird strikes affecting humans and aircraft.	<input type="checkbox"/> Per Unit \$ <input type="checkbox"/> Total	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
year round	4/2009	7/1/2009
		G. INVESTIGATION TYPE
		<input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. All Migratory birds		Bird strike risk to aircraft is growing.
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED		
<input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment Loan <input checked="" type="checkbox"/> Other (specify) WS available at request of airport	<input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies	

B. RECOMMENDED ACTION(S)		
<input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate	<input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports fair results with minimal use of pyrotechnics, vehicle harassment, human harassment, exclusionary devices (i.e. fence), and habitat modifications.

9. DEPREDATION PERMIT	
ADC RECOMMENDS PERMIT BE ISSUED. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If "YES" suggested conditions of permit.</small>	

Recommend permit to be issued to take migratory birds by lethal/non-lethal methods to protect human health and safety and aircraft. Methods allowed should include use of firearms, air rifles, egg and nest removal, legal lethal and live traps. Anti-perching devices should be installed on all towers and buildings, hazing with pyrotechnics and effigies should also be incorporated to reduce bird numbers. All trapping and relocating methods should be determined by USDA, CA DFG and FWS.

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6)	
TELEPHONE AC (b)(6)	
11. ADC INVESTIGATOR'S SIGNATURE	
(b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

PL 0

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate) Monterey Bay Aquarium 886 Cannery Row Monterey, CA 93940 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (831)648-4800		2. LOCATION OF DAMAGE Same address	
		3. COUNTY Monterey	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Sidewalks, buildings, aquariums, etc.	C. NATURE OF DAMAGE Feces, nesting material and food remains.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Million gallon exhibit and surrounding area.	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 4000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE March through August	E. DATE ASSISTANCE REQUEST RECEIVED 8/25/2009	F. DATE OF INVESTIGATION 8/25/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gull	100	Renewal Permit MB-804585-0 Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports using habitat barriers, nest removal and harassment with limited results.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: WS recommends a permit be issued to remove nests and eggs of offending gulls to help alleviate problems. Conditions of the permit should include an active harassment program and a program to eliminate wildlife feeding.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Living Desert 47900 Portola Ave. Palm Desert, CA 92260 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760)346-5694	2. LOCATION OF DAMAGE Same address
3. COUNTY Riverside	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Multiple exotic endangered species and livestock feed	C. NATURE OF DAMAGE Consumption of feed, harassment of animals and predation of eggs.
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 1200 acres of wildlife management area.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 0	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 8/31/2009	F. DATE OF INVESTIGATION 8/31/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	17	Contact Person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports feeding animals in enclosed areas where possible, guarding animals during feeding and wire deterrents.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to lethally remove ravens to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. W (b)(6)	

ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

DLO

COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business/agency name if appropriate) Vandenberg Air Force Base Dept. of Air Force 30 CES/CEVNN 1028 Iceland Ave. Vandenberg Air Force Base, CA 93437-6010 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805) 606-4198		2. LOCATION OF DAMAGE Western Snowy Plover and California Least Tern breeding habitat on Vandenberg Air Force Base beaches.	
		3. COUNTY Santa Barbara	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Nesting Western Snowy Plovers and California Least Terns	C. NATURE OF DAMAGE Predation
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Approximately 150 Breeding pairs of Snowy Plovers and up to 25 breeding pairs of California Least Terns.	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 300,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE March through September	E. DATE ASSISTANCE REQUEST RECEIVED 7/14/2009	F. DATE OF INVESTIGATION 7/14/2009
		G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	25	Multiple numbers of each of the following gull species: Western Gull, Glaucous-winged Gull, Heermann's Gull, Bonaparte's Gull, California Gull and Herring Gull.
2. Western Gull	10	
3. Glaucous-winged Gull	10	
4. Heermanns Gull	10	
5. Bonparte's Gull	10	
6. California Gull	10	
7. Herring Gull	10	

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	B. RECOMMENDED ACTION(S) <input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports monitoring nesting colonies to determine nesting success.
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9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to lethally remove up to ten of each of the above mentioned species to help meet the survival goals of snowy plovers and least terns. Applicant has asked for the use of padded leg-hold traps to be added to the permit. If padded leg-hold traps are added to the permit, WS recommends that following all state and local laws concerning the use of padded leg-hold traps to be a condition of the permit.

10. WS INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) PO Box 957 Taft, CA 93268 (b)(6) (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
MIGRATORY BIRD DAMAGE PROJECT REPORT

DLO

COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Vandenberg Air Force Base Dept. of Air Force 30 CES/CEVNN 1028 Iceland Ave. Vandenberg Air Force Base, CA 93437-6010 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805) 606-4198	2. LOCATION OF DAMAGE Vandenberg Landfill: corner of Washington and Utah Ave
	3. COUNTY Santa Barbara
	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Equipment and Personnel	C. NATURE OF DAMAGE Droppings and digging up trash

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Damage to \$250,000 worth of equipment, equipment maintenance, and health care costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 20,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE October through April	E. DATE ASSISTANCE REQUEST RECEIVED 7/14/2009	F. DATE OF INVESTIGATION 7/14/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	50	Multiple numbers of each of the following gull species: Western Gull, Glaucous-winged Gull, Heermann's Gull, Bonaparte's Gull, California Gull and Herring Gull.
2. Western Gull	50	
3. Glaucous-winged Gull	50	
4. Heermanns Gull	50	
5. Bonparte's Gull	50	
6. California Gull	50	
7. Herring Gull	50	

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Propane exploders, non-lethal falconry, and scarecrows.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove up to fifty of each of the above mentioned species to decrease maintenance and health care costs at a sanity landfill. WS recommends that following all state and local laws concerning the use of padded leg-hold traps to be a condition of the permit.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

PLC

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Vandenberg Air Force Base Dept. of Air Force 30 CES/CEVNN 1515 Iceland Ave. Room 1810 Vandenberg Air Force Base, CA 93437 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805) 588-9542	2. LOCATION OF DAMAGE Vandenberg Airfield Bldg 7015 Airfield Rd
3. COUNTY Santa Barbara	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Aircraft, pilots, and airmen	C. NATURE OF DAMAGE Aircraft collisions

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 6,000 aircraft movements per year expected to increase in 2010	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 300,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Annually	E. DATE ASSISTANCE REQUEST RECEIVED 7/14/2009	F. DATE OF INVESTIGATION 7/14/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
Common Raven	Multiple	Multiple numbers of Common Ravens

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Falconry, propane exploders, traps and nets.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove any and all possible threats to human health and safety.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE (b)(6)	(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
MIGRATORY BIRD DAMAGE PROJECT REPORT

DLO

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Sierra Shadows Ranch 4527 Brown Rd Inyokern, CA 93527 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760) 377-4561	2. LOCATION OF DAMAGE Same address <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Kern</td> <td style="width:50%;">4. STATE California</td> </tr> </table>	3. COUNTY Kern	4. STATE California
3. COUNTY Kern	4. STATE California		

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Pistachios	C. NATURE OF DAMAGE depredation

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 100 acres of pistachio trees	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$50,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE July through October	E. DATE ASSISTANCE REQUEST RECEIVED 7/15/2009	F. DATE OF INVESTIGATION 7/15/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	1000	Multiple ravens in orchard daily
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Propane cannons and pyrotechnics are used without any success.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: Wildlife Services recommends the take of 100 ravens to reinforce nonlethal techniques.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Dairy Creek Golf Course County of San Luis Obispo 2950 Dairy Creek Road San Luis Obispo, CA 93405 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805)781-1318	2. LOCATION OF DAMAGE Same address
3. COUNTY San Luis Obispo	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course greens and fairways	C. NATURE OF DAMAGE Consumption of turf and droppings
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 120 acres of 18 hole golf course	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 7,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 7/22/2009	F. DATE OF INVESTIGATION 7/22/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	1000	Permit renewal: MB-838658-0 Contact Person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports using multiple harassment methods such as pyrotechnics, boat chase, dog chase, falconry, golf cart chase, and foot chase as well as habitat alteration and barriers with limited success.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends the current permit be increased by 100 to lethally remove 250 American Coots to help alleviate damage and to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business agency name if appropriate) NASA AMES RESEARCH CENTER, AVIATION MANAGEMENT OFFICE, M/S 158-1, MOFFETT FIELD, CA 94035-1000, U.S.A. ATTN: MARK SUMICH TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (650) 604-6193	2. LOCATION OF DAMAGE MOFFETT FEDERAL AIRFIELD 3. COUNTY 4. STATE SANTA CLARA CA
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Airfield/Aircraft	C. NATURE OF DAMAGE Bird strikes

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) 6 reported strikes in 2008-2009	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit \$ 36,309 <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY ADC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE January through December	E. DATE ASSISTANCE REQUEST RECEIVED 12/16/2003	F. DATE OF INVESTIGATION 12/16/2003 to present	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gull	1	Renew permit MB092741-0 Four of the strikes occurring in 2008 were avian species of which only one reported a value loss. The three other strikes did not report a value loss, at the time of this report.
2. White-throated swift	1	
3. Cliff swallow	1	
4. Gadwall	1	

8. ADC ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment Loan <input checked="" type="checkbox"/> Other (specify) Full Time Biologist on site <input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Result using harassment with pyrotechnics in regards to waterfowl and gulls resulted in species becoming habituated to the method.

9. DEPREDATION PERMIT	
ADC RECOMMENDS PERMIT BE ISSUED. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If "YES" suggested conditions of permit.</small>	

Recommend permit be renewed with previous years conditions in place. Authorize to take migratory birds to relieve or prevent injurious situation impacting public health.

10. ADC INVESTIGATOR NAME AND ADDRESS (Print) <div style="background-color: gray; width: 100px; height: 15px; margin-bottom: 5px;"></div> (b)(6) Wildlife Biologist <div style="background-color: gray; width: 250px; height: 15px; margin-bottom: 5px;"></div> (b)(6) 11. ADC INVESTIGATOR'S SIGNATURE <div style="background-color: gray; width: 150px; height: 15px;"></div> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="border: 1px solid black; height: 100px;"></div>
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> La Purisima Golf Course 3455 Hwy 246 East Lompoc, CA 93436 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805)735-3438	2. LOCATION OF DAMAGE Same address
	3. COUNTY Santa Barbara
	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Turf, Greens, Tees, Fairways and Ruff	C. NATURE OF DAMAGE Defecation and eating of the turf. Public safety.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 125 acres of turf	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 50,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 7/2/2009	F. DATE OF INVESTIGATION 7/2/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1500	Permit number MB-796026 WS recommends removal of up to 200 American Coots.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	

B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
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C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports chasing coots with golf carts and dogs while making other loud noises. Also reports having a no wildlife feeding policy.

9. DEPREDATION PERMIT
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Wildlife Services recommends removal of American Coots along with hazing techniques and no feeding policies that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

D10

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> Club Place HOA 16264 Church Street #102 Morgan Hill, CA 95037 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (408)782-1222	2. LOCATION OF DAMAGE 9811 Club Place Lane Carmel, CA 93923
3. COUNTY Monterey	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Turf damage and human health and safety	C. NATURE OF DAMAGE Turf consumption and droppings
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 44 house complex	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 10,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 6/22/2009	F. DATE OF INVESTIGATION 6/22/2009
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	500	Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports using pyrotechnics, dog chase, foot chase, vehicle chase and vegetation manipulation in ponds with limited success.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:

WS recommends a permit be issued to lethally remove American Coots to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

D10

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> Sundale Country Club 6218 Sundale Ave. Bakersfield, CA 93309 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (661)831-4200	2. LOCATION OF DAMAGE Same address <hr/> 3. COUNTY Kern	4. STATE CA
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5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course greens and green banks and human health and safety.	C. NATURE OF DAMAGE Consumption of grass and seeds and droppings.
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 167 acres of 18 hole golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 10,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE September though April	E. DATE ASSISTANCE REQUEST RECEIVED 6/22/2009	F. DATE OF INVESTIGATION 6/22/2009
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	400	Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	C. METHODS ATTEMPTED, RESULTS, COMMENTS Foot chase and vehicle chase with limited results.
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9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to lethally remove coots to help reduce damage caused by coots. WS recommends a "No Feeding" policy by residents be implemented by Sundale Country Club as a condition of the permit. WS also recommends the use of Alpha Chlorolose by WS be added to the permit as a method of take.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

D-2

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i></p> <p>Kern National Wildlife Refuge (b)(6) P.O. Box 670 Delano, CA 93216 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (661) 725-2767</p>	<p>2. LOCATION OF DAMAGE</p> <p>Kern NWR Pixley NWR Riverview Dairy</p> <p>Poso Creek Dairy Deer Creek Dairy Costa Dairy</p>
<p>3. COUNTY</p> <p>Kern and Tulare</p>	<p>4. STATE</p> <p>California</p>

5. RESOURCE		
<p>A. RESOURCE CATEGORY</p> <p><input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED</p> <p>Species of special concern Tricolored Blackbird</p>	<p>C. NATURE OF DAMAGE</p> <p>Depredation of nestlings</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i></p> <p>Potential loss of 6 colonies of nesting Tricolored Blackbirds</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 300,000</p>	<p>C. LOSS CONFIRMED BY WS</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE</p> <p>March 15 through June 15</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED</p> <p>June 16, 2009</p>	<p>F. DATE OF INVESTIGATION</p> <p>June 16, 2009</p>	<p>G. INVESTIGATION TYPE</p> <p><input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Black-crowned Night Herons	100	Contact Person: (b)(6)
2. Cattle Egrets	900	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
<p>A. TYPE OF ASSISTANCE PROVIDED</p> <p><input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies</p>		
<p>B. RECOMMENDED ACTION(S)</p> <p><input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)</p>		
<p>C. METHODS ATTEMPTED, RESULTS, COMMENTS</p> <p>Walked and driven around the colonies, but have been unable to prevent depredations. Finding a method of discouraging the Cattle Egrets without disturbing or causing abandonment of the tricolored colony</p>		

9. DEPREDATION PERMIT	
<p>WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "YES" suggested conditions of permit:</p>
<p>WS recommends a permit be issued to lethally remove Black-crowned Night Herons and Cattle Egrets to help alleviate and prevent depredation to a species of special concern</p>	

<p>10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i></p> <p>(b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)</p>	<p>12. FOR USE BY DEPREDATION PERMIT AGENCY</p>
<p>11. WS INVESTIGATOR'S SIGNATURE:</p> <p>(b)(6)</p>	

P10

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Homestead Place 16264 Church Street #102 Morgan Hill, CA 95037 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (408)782-1222	2. LOCATION OF DAMAGE 9502 Alder Court Carmel, CA 93923
3. COUNTY Monterey	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Turf damage and human health and safety	C. NATURE OF DAMAGE Turf consumption and droppings

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 80 house complex and golf course	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 8,500.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 6/22/2009	F. DATE OF INVESTIGATION 6/22/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	500	Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports using pyrotechnics, dog chase, foot chase, vehicle chase and vegetation manipulation in ponds with limited success.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove American Coots to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

DLO CC

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> MBARI 7700 Sandhold Road Moss Landing, CA 95039 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (831)775-1885	2. LOCATION OF DAMAGE Same address <hr/> 3. COUNTY Monterey	4. STATE California
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Building roofs and materials	C. NATURE OF DAMAGE Droppings, feathers, nesting material and food scraps.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Five buildings, two with nesting material on air intake areas and fire hatches to roof access.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1,000,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year Round	E. DATE ASSISTANCE REQUEST RECEIVED 6/2/2009	F. DATE OF INVESTIGATION 6/2/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES 1. Western Gulls 2. 3. 4.	B. NUMBER INVOLVED 300	C. COMMENTS New Permit Contact Person: (b)(6)

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports using netting, bird wires, balloons, electronic frightening devices and high pressure water spray.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to remove eggs and nesting material of gulls that are blocking air intake areas and roof access points. The permit should allow removal of eggs in other areas on the buildings to discourage gulls from nesting on the buildings along with all non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 30x 957 Moss Landing, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WORKING ADDRESS (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER *(Include business/agency name if appropriate)*
Occidental of Elk Hills, Inc.
11000 River Run Blvd., Suite 100
Bakersfield, CA 93311
TELEPHONE Home Work (661)412-5213

2. LOCATION OF DAMAGE
Elk Hills Main Oil Field and other Occidental properties located throughout Western Kern County.

3. COUNTY
Kern

4. STATE
CA

5. RESOURCE

A. RESOURCE CATEGORY

- Agricultural Natural Resource
 Property Human Health/ Safety

B. SPECIFIC RESOURCE(S) DAMAGED

Loss of oil and gas production

C. NATURE OF DAMAGE

Nest building in oil well heads

6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE *(Pounds, acres, each, etc.)*

Oil and gas wells

B. DOLLAR LOSS *(if available)*

- Per Unit
 Total \$ 0

C. LOSS CONFIRMED BY WS

- Yes No

D. DURATION /TIME PERIOD OF DAMAGE

May through July

E. DATE ASSISTANCE REQUEST RECEIVED

5/26/2009

F. DATE OF INVESTIGATION

5/26/2009

G. INVESTIGATION TYPE

- Site Visit Telephone
 Letter Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES

1. Common Raven

2. House Finch

3.

4.

B. NUMBER INVOLVED

25

6

C. COMMENTS

Permit Renewal: MB016226-0

Contact: (b)(6)

(b)(6)

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

- Direct Control Equipment Loan Other (specify)
 Technical Assistance Supplies

B. RECOMMENDED ACTION(S)

- Harassment or hazing techniques Lethal trapping Trap and relocate
 Habitat alteration and/or barriers Shooting Other (specify) Egg destruction

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports using harassment and exclusion techniques with poor results.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:

WS recommends a permit be issued to remove up to 25 raven chicks or eggs and up to 6 House Finch eggs or chicks to minimize and reduce damage and safety risk to oil and gas production equipment.

10. WS INVESTIGATOR NAME AND ADDRESS *(Print)*

(b)(6)
PO Box 957
Taft, CA 93268
TELEPHONE (b)(6)

12. FOR USE BY DEPREDATION PERMIT AGENCY

11. WS INVESTIGATOR

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

66
DLO

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> <div style="background-color: gray; width: 100%; height: 40px; margin-top: 5px;"></div> <p align="center">(b)(6)</p>	2. LOCATION OF DAMAGE Same address
	3. COUNTY Kern
	4. STATE CA

5. RESOURCE A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Pistachio Nuts Drip lines	C. NATURE OF DAMAGE Ravens feeding on pistachio nuts and destroying drip line.
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6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 2000 feet of drip line hose, cuplings and emitters. Pistachio nuts	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 3,500.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 5/21/2009	F. DATE OF INVESTIGATION 5/21/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Ravens	300	Permit renewal # MB093927-0 Contact Person: <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;"></div> (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		

B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
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C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Have been using scarecrows, propane cannons, shooting and vehicle harassment. Also reports putting the drip line hoses in the trees with some success as well as supplemental watering to reduce damage to drip line with some success.

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: Wildlife Services recommends a permit be issued to lethally remove ravens to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100%; height: 15px; margin-bottom: 5px;"></div> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;"></div> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: <div style="background-color: gray; width: 100%; height: 40px; margin-top: 5px;"></div> <p align="center">(b)(6)</p>	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

DLO

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> County of Santa Barbara, Public Works Dept. Resource Recovery & Waste Management 130 East Victoria Street, Suite 100 Santa Barbara, CA 93101 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805)882-3614	2. LOCATION OF DAMAGE Tajiguas Landfill
3. COUNTY Santa Barbara	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Contamination of public use beach	C. NATURE OF DAMAGE Contamination

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> One mile of beach	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 150,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 5/13/2009	F. DATE OF INVESTIGATION 5/13/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Bonapartes Gull		Mew Gull, Hereman Gull, Glaucous-winged Gull Numbers vary from 100-500 with a combination of these species of gulls. Contact person: (b)(6)
2. Western Gull		
3. California Gull		
4. Ring-billed Gull		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports using pyrotechnics, vehicle harassment, distress tapes, falconry and other harassment methods with little long-term results.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to be used in conjunction with ongoing harassment methods.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

110

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Ship to Shore Aqua Farm 6111 Trinidad Ct. Bakersfield, CA 93313 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (661)835-1995	2. LOCATION OF DAMAGE 1937 Buena Vista Blvd. Bakersfield, CA 93307
3. COUNTY Kern	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Channel Catfish, Bluegill, Largemouth Bass, Threadfin Shad	C. NATURE OF DAMAGE Depredation and Consumption of fish and fish food.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 110 Acre Fish Farm	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 300,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year Round	E. DATE ASSISTANCE REQUEST RECEIVED 3/6/2009	F. DATE OF INVESTIGATION 3/6/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Double Crested Cormorants	800	Additional Species include: Black-crowned Night Herons 100, American Coots 2500, Caspian Terns 40. Contact person (b)(6)
2. White Pelicans	1000	
3. Great Blue Herons	25	
4. Great Egrets	50	

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports having an overhead grid in place over fish ponds as well as shooting with limited results. Also reports using pyrotechnics and vehicle harassment.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit:
WS recommends a permit be issued to lethally remove offending birds to help re-enforce non-lethal attempts that are currently being implemented.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> San Bernardino County Solid Waste Management Division 222 West Hospitality Lane, 2 nd Floor San Bernardino, CA 92415-0017 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (909)386-8763	2. LOCATION OF DAMAGE Barstow, Victorville and Landers Landfills	
3. COUNTY San Bernardino		4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Property and Desert Tortoises	C. NATURE OF DAMAGE Scattering garbage, droppings and possible predation to desert tortoises.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Three landfills totaling 1769 acres	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 2000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 1/6/2009	F. DATE OF INVESTIGATION 1/6/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	100	Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports using pyrotechnics and falconry to harass ravens as well as enclosing and covering garbage to reduce availability with poor success.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove ravens to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WORKING ADDRESS: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

CC

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> San Bernardino County Solid Waste Management Division 222 West Hospitality Lane, 2nd Floor San Bernardino, CA 92415-0017 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (909)386-8763</p>	<p>2. LOCATION OF DAMAGE Barstow, Victorville and Landers Landfills</p>
	<p>3. COUNTY San Bernardino</p>
	<p>4. STATE CA</p>

5. RESOURCE

<p>A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED Property and Desert Tortoises</p>	<p>C. NATURE OF DAMAGE Scattering garbage, droppings and possible predation to desert tortoises.</p>
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6. DAMAGE ESTIMATE

<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Three landfills totaling 1769 acres</p>	<p>B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 20,000.00</p>	<p>C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>D. DURATION /TIME PERIOD OF DAMAGE Year round</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED 1/6/2009</p>	<p>F. DATE OF INVESTIGATION 1/6/2009</p>
<p>G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other</p>		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	400	Contact person: (b)(6)
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED
 Direct Control Equipment Loan Other (specify)
 Technical Assistance Supplies

B. RECOMMENDED ACTION(S)
 Harassment or hazing techniques Lethal trapping Trap and relocate
 Habitat alteration and/or barriers Shooting Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Applicant reports using pyrotechnics to harass ravens as well as enclosing and covering garbage to reduce availability with poor success.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to lethally remove ravens to help re-enforce non-lethal attempts that are currently being implemented.

<p>10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) ox 957 CA 93268 TELEPHONE (b)(6)</p>	<p>12. FOR USE BY DEPREDATION PERMIT AGENCY</p>
<p>11. V: (b)(6) E:</p>	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

plc cc

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate) (b)(6)		2. LOCATION OF DAMAGE (b)(6)	
		3. COUNTY Kern	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Pistachio Nuts and irrigation line damage.	C. NATURE OF DAMAGE Ravens feeding on pistachio nuts and destroying drip line and emitters.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) 20,000 feet of drip line hose, cuplings and emitters. Pistachio nuts	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 20,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 2/10/2009	F. DATE OF INVESTIGATION 2/10/2009
		G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	2000	Permit renewal Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports using propane cannons, mylar tape, and noise and vehicle harassment.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Wildlife Services recommends a permit be issued to lethally remove ravens to help re-enforce non-lethal attempts that are currently being implemented.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

DLB

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Newberry Springs High Desert Pistachio Group (b)(6) 48084 Fairview Rd. Newberry Springs, CA 92365 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-257-3299	2. LOCATION OF DAMAGE Pistachio Farms
3. COUNTY San Bernardino	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Pistachio nuts, trees, drip lines and labor to repair drip lines.	C. NATURE OF DAMAGE Consumption of pistachio nuts and damage to drip lines

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 34 pistachio nut farms from 5 to 20+ acres each.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 4000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 2/11/2009	F. DATE OF INVESTIGATION 2/11/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	500	Renewal permit # MB782960-0
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports using propane cannons, mylar tape, dogs, scarecrows, vehicle harassment and other harassment methods with limited results.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to remove ravens to help re-enforce harassment methods that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6) Mack's Fish Hatchery 2000 N. Newmark Sanger, CA 93657 TELEPHONE <input type="checkbox"/> Home <input type="checkbox"/> Work AC: (b)(6)		2. LOCATION OF DAMAGE 11648 E. Ashlen, Sanger, CA 3128 Riverbend, Sanger, CA 3. COUNTY Fresno	
		4. STATE California	

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Gold fish	C. NATURE OF DAMAGE Predation

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to replace, feed and care for goldfish consumed or damage by avian predators	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 255,000.00	C. LOSS CONFIRMED BY ADC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED Feb. 17, 2009	F. DATE OF INVESTIGATION Feb. 17, 2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Great & Snowy Egrets	300	Permit Renewal PRT-821563
2. Great-blue Herons	200	
3. Double-crested Cormorants	330	
4. Black -crowned Night Herons	200	

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports poor results with pyrotechnics, scarecrows, exclusion, mylar tape/balloons, human harassment, and kites.

9. DEPREDATION PERMIT	
ADC RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Recommend permit be issued to take 50 egrets, 20 Great-blue herons, 30 Black-crowned Night Herons and 50 Double -crested cormorants. Permit conditions should also include an active hazing/harassment program to deter birds from property.

10. ADC INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) District Supervisor, USDA/APHIS/WS 5151 Pentecost Drive, Suite H Modesto, CA 95356 TELEPHONE AC (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY (Empty space for agency use)
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11. ADC INVESTIGATOR'S SIGNATURE (b)(6)	
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MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business agency name if appropriate)		2. LOCATION OF DAMAGE	
Los Angeles World Airports, Env. Mgmt. Div. 7301 World Way West Los Angeles, CA 90045		Ontario International Airport Ontario, CA 91716	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (310) 646-3853		3. COUNTY	4. STATE
		San Bernadino	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	Aircraft and Human Health & Safety	Potential for bird strike.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (if available)	C. LOSS CONFIRMED BY ADC
	<input type="checkbox"/> Per Unit \$ <input type="checkbox"/> Total	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
Jan - Dec 2009	Dec 2009	Dec 2009
		G. INVESTIGATION TYPE
		<input checked="" type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Golden Eagle	1	Primarily during the migratory season.
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED		
<input checked="" type="checkbox"/> Direct Control	<input type="checkbox"/> Equipment Loan	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Supplies	

B. RECOMMENDED ACTION(S)		
<input checked="" type="checkbox"/> Harassment or hazing techniques	<input type="checkbox"/> Lethal trapping	<input checked="" type="checkbox"/> Trap and relocate
<input type="checkbox"/> Habitat alteration and/or barriers	<input type="checkbox"/> Shooting	<input type="checkbox"/> Other (specify)
Swedish Goshawk Trap		

C. METHODS ATTEMPTED, RESULTS, COMMENTS

Golden eagles have not been harassed, hazed, or captured by USDA-WS in the past. However, since Swedish goshawk traps are in current use to capture and relocated red-tailed hawks, a permit would be needed to capture and relocated a golden eagle if it is caught in the trap.

9. DEPREDATION PERMIT	
ADC RECOMMENDS PERMIT BE ISSUED. If "YES" suggested conditions of permit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. ADC INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6)	
TELEPHONE AC: (b)(6)	
11. ADC INVESTIGATOR'S SIGNATURE	
(b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

22

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/home phone numbers if appropriate)</i> <div style="background-color: gray; width: 100%; height: 40px; margin-top: 5px;"></div> <p align="center">(b)(6)</p>	2. LOCATION OF DAMAGE Digerio and Rockpile Rd., Arvin	
3. COUNTY Kern	4. STATE CA	

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Almonds	C. NATURE OF DAMAGE Consumption

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 160 Acres of almonds	DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 5000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 4/1/2009	F. DATE OF INVESTIGATION 4/1/2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	300	Contact Person: <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;"></div> Permit renewal
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports using vehicle harassment and other harassment techniques with limited success.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove Common Ravens to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100%; height: 15px; margin-bottom: 5px;"></div> PO Box 957 Taft, CA 93268 TELEPHONE <div style="background-color: gray; width: 100%; height: 15px; display: inline-block;"></div>	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. <div style="background-color: gray; width: 100%; height: 40px; display: inline-block;"></div> SURE: <div style="background-color: gray; width: 100%; height: 40px; margin-top: 5px;"></div> <p align="center">(b)(6)</p>	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

cc
1710

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Golf Club at Quail Lodge 8000 Valley Greens Drive Carmel, CA 93923 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (831) 620-8822	2. LOCATION OF DAMAGE Same address <hr/> 3. COUNTY Monterey	4. STATE CA
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Greens, fairways and human health and safety	C. NATURE OF DAMAGE Consumption of greens and fairways and defecation

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 140 acres of 18 hole golf course	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 25,000.00	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 4/9/2009	F. DATE OF INVESTIGATION 4/9/2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1000	Contact person: (b)(6)
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports using chemical repellants, habitat manipulation and multiple harassment techniques such as dog chase, vehicle chase, foot chase, decoys and high water spray with limited results.

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove American Coots to help alleviate damage and to help re-enforce non-lethal attempts that are currently being implemented. WS recommends take be increased from 100 to 200 American Coots.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR PHONE NUMBER: (b)(6)	

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> Sunview Vineyards, Inc., Rt. Bx 910, Delano, CA 93215 Guimarra Vineyards, P.O. Bin, Bakersfield, CA 93303 A. Caratan & Sons 1625 Rd, Delano, CA 93215 TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work AC: (559) 733-8766	2. LOCATION OF DAMAGE Same as #1 3. COUNTY Kern & Tulare 4. STATE CA
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5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Grapes	C. NATURE OF DAMAGE Fecal Material & feeding

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 10 boxes per acre	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 175,000.00	C. LOSS CONFIRMED BY ADC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE annual for the last 14 years	E. DATE ASSISTANCE REQUEST RECEIVED 6 April 09	F. DATE OF INVESTIGATION 6 April 09 G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Robin (Caratan)	400	Permit Renewal: PRT 719721, 696846, 728533. Please mail correspondence to C/O (b)(6) Phone: (b)(6)
2. American Robin (Sunview)	900	
3. American Robin (Giumarra)	900	
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports fair results with pyrotechnics, and poor results with scarecrows, mylar tape/balloons, habitat alteration, and discouragement of nesting.

9. DEPREDATION PERMIT	
ADC RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 WS recommends permit be renewed to take 300 robins on Sunview, 300 robins on Guimarra and 200 robins on Caratan. Permit conditions should also include an active hazing/harassment program to deter birds from the property.

10. ADC INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) District Supervisor, USDA/APHIS/WS 5151 Pentecost Drive, Suite H Modesto, CA 95356 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. ADC INVESTIGATOR'S SIGNATURE (b)(6)	

DLD

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate) Coscol Petroleum Corporation 2 N. Nevada Ave. #468 Colorado Springs, CO, 80903 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (970) 927-6804	2. LOCATION OF DAMAGE San Pablo Bay, 1.2 miles from shoreline in Contra Costa County <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Contra Costa</td> <td style="width:50%;">4. STATE CA</td> </tr> </table>	3. COUNTY Contra Costa	4. STATE CA
3. COUNTY Contra Costa	4. STATE CA		

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Terminal Deck	C. NATURE OF DAMAGE Nesting on structure

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) 1 Structure	B. DOLLAR LOSS (If available) <input type="checkbox"/> Per Unit \$ 0 <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY ADC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE January 1, 2010 thru Oct. 31, 2010	E. DATE ASSISTANCE REQUEST RECEIVED 4 May 09	F. DATE OF INVESTIGATION 4 May 09	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gull	8	(b)(6) s P.O.C.
2. Cliff Swallow	12	
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant will attempt netting and will install Owl effigies to discourage birds from nesting. Applicant will also wash down nests prior to being established. Applicant is requesting to be able to remove nests and chicks while in the course of the demolition project of removing the marine terminal used for the transfer of petroleum. California State Lands Commission is requiring the removal of the terminal as a condition of terminating the lease with Coscol Petroleum Corporation.		

9. DEPREDATION PERMIT	
ADC RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit:	

WS recommends that the applicant be allowed to remove up to three Western Gull nests and as many as 8 chicks if necessary. Also be allowed to remove up to five Cliff Swallow nests and as many as 12 chicks if necessary.

10. ADC INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) District Supervisor, USDA/APHIS/WS 5151 Pentecost Drive, Suite H Modesto, CA 95356 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY 11. ADC INVESTIGATOR (b)(6)
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

710

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Abalone Farm, Inc. PO Box 136 Cayucos, CA 93430 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (805)995-2495	2. LOCATION OF DAMAGE 5010 Cabrillo Hwy., Cayucos
	3. COUNTY San Luis Obispo
	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Abalone	C. NATURE OF DAMAGE Predation

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 12 Acres and 600 raceways that hold 4,000,000 Abalone	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 10,000.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 4/30/2009	F. DATE OF INVESTIGATION 4/30/2009
		G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gulls	35	Contact person: (b)(6) Permit renewal: MB 077564-0
2. California Gulls	15	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting	<input type="checkbox"/> Trap and relocate <input type="checkbox"/> Other (specify)
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports using harassment, dogs chase, pyrotechnics, and exclusion on some tanks with limited success.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove gulls to help re-enforce non-lethal attempts that are currently being implemented.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) PO Box 957 Taft, CA 93268 TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE: (b)(6)	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

PERMIT REVIEW

RENEWAL
Permit No:
 Without Change

1. Name, Address, and Telephone Number (b)(6) Telephone <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (b)(6) Fax/Email: 530-885-5611		2. Location of Damage Same	
		3. County Placer	4. State CA
5. RESOURCE/DAMAGE ESTIMATE			
A. Resource Damaged Private residence		B. Description of Damage Woodpeckers pecking holes in wood siding and trim	
6. MIGRATORY BIRD SPECIES		7. PERMIT RECOMMENDATION	
Depredating Species	Number Involved	Take Recommendation	Number Recommended Methods
1. Woodpeckers	15-20	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 air rifle, trapping
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. PREVIOUS ACTIONS TO ADDRESS PROBLEM AND RESULTS OF THOSE ACTIONS: Owner has installed mylar tape, noise makers, scaring devices, and harassment. Birds will not leave the area.			
8b. COMMENTS: Reinforce harassment efforts by removing several birds. Keep scare devices in place to prevent new birds from damaging home.			
9. RECOMMENDED ACTIONS			
Action: <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Habitat Alteration <input type="checkbox"/> Husbandry <input type="checkbox"/> Exclusion <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Chemical repellent <input type="checkbox"/> Capture and relocation <input type="checkbox"/> Egg/nest destruction <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other:			
10A. WS Investigator Name and Address: (Print) (b)(6) P.O.Box 87 McArthur, CA 96056		10B. WS Inve (b)(6) Date: 10-30-09	
Telephone Number: (b)(6)			

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

PERMIT REVIEW

RENEWAL
Permit No:
 Without Change

1. Name, Address, and Telephone Number <div style="background-color: gray; width: 150px; height: 20px; margin: 5px 0;">(b)(6)</div> Telephone: <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Work <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;">(b)(6)</div> Fax/Email: <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;">(b)(6)</div>		2. Location of Damage <div style="background-color: gray; width: 250px; height: 20px; margin: 5px 0;">(b)(6)</div>		
		3. County Trinity	4. State CA	
5. RESOURCE/DAMAGE ESTIMATE				
A. Resource Damaged Fruit trees, pears and apples. RV Septic lines		B. Description of Damage Birds ate pear crop as it ripened now starting to eat ripening apples. Ravens also pecked holes and ruined above ground RV septic lines		
6. MIGRATORY BIRD SPECIES		7. PERMIT RECOMMENDATION		
Depredating Species	Number Involved	Take Recommendation	Number Recommended	Methods
1. Ravens	20-25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	shooting
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
8a. PREVIOUS ACTIONS TO ADDRESS PROBLEM AND RESULTS OF THOSE ACTIONS:				
Hazing and harassment, mylar tape, dogs. Birds are becoming tolerant of harassment and not leaving area.				
8b. COMMENTS:				
Issue permit for (4) birds to help reinforce hazing and harassment efforts.				
9. RECOMMENDED ACTIONS				
Action: <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Habitat Alteration <input type="checkbox"/> Husbandry <input type="checkbox"/> Exclusion <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Chemical repellent <input type="checkbox"/> Capture and relocation <input type="checkbox"/> Egg/nest destruction <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other:				
10A. WS Investigator Name and Address: (Print) <div style="background-color: gray; width: 80px; height: 15px; margin: 5px 0;">(b)(6)</div> P.O. Box 87 McArthur, CA 96056 Telephone Number: <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;">(b)(6)</div> Email:		10B. <div style="background-color: gray; width: 250px; height: 80px; margin: 5px 0;">(b)(6)</div> Date: 5-27-2009		

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

PERMIT REVIEW

RENEWAL

Permit No:

Without Change

1. Name, Address, and Telephone Number Alturas Ranches (b)(6) P.O. Box 1397 Alturas, CA 96101 Telephone <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work :530-233-4661 Fax/Email: 530-233-4664		2. Location of Damage Alturas-app. 13 miles S. of Alturas 3,000ac. Alturas-app. 5 miles S.E. of Alturas 40 ac Madeline- app. 3 miles N. of Termo 600ac		
		3. County Modoc and Lassen	4. State CA	
5. RESOURCE/DAMAGE ESTIMATE				
A. Resource Damaged Wild Rice		B. Description of Damage Birds pulling and eating young wild rice sprouts		
6. MIGRATORY BIRD SPECIES		7. PERMIT RECOMMENDATION		
Depredating Species	Number Involved	Take Recommendation	Number Recommended	Methods
1. Coots	2000-2500	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	200	shooting
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
8a. PREVIOUS ACTIONS TO ADDRESS PROBLEM AND RESULTS OF THOSE ACTIONS: Coots are hazed and harassed by employees on ATVs and in vehicles. Also with pryotechnics, propane cannons, dogs and flagging. Birds hide in vegetation and won't leave fields. Damages to 2009 crop amounted to \$40,000.				
8b. COMMENTS: Renew permit for 200 coots to reinforce hazing and harassment efforts. Start harassment when birds first arrive at fields.				
9. RECOMMENDED ACTIONS				
Action: <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Habitat Alteration <input type="checkbox"/> Husbandry <input type="checkbox"/> Exclusion <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Chemical repellent <input type="checkbox"/> Capture and relocation <input type="checkbox"/> Egg/nest destruction <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other:				
10A. WS Investigator Name and Address: (Print) (b)(6) P.O.Box 87 McArthur, CA 96056 Telephone Number: (b)(6) Email:			10B. WS Investigator Signature Date: 7-29-2009	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;">(b)(6)</div>		2. LOCATION OF DAMAGE <div style="background-color: gray; width: 100%; height: 20px; margin-top: 5px;">(b)(6)</div>	
3. COUNTY Shasta		4. STATE CA	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work AC: <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;">(b)(6)</div>			

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Wild Rice Crop	C. NATURE OF DAMAGE Birds pulling out and eating young rice sprouts.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> _____	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE 2007 and 2008 growing season	E. DATE ASSISTANCE REQUEST RECEIVED 1-13-2009	F. DATE OF INVESTIGATION 1-26-2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	500-600	Numbers of birds and amount of damage increasing each year. About 1500 to 2000 coots are currently staging in area. Wild rice will start to sprout in late March /April.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Propane canons, pyrotechnics, vehicles, scare devices. Within a few weeks of hazing/harassment coots become tolerant of noise and refuse to leave area.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Issue a permit for 200 coots to help reinforce hazing/harassment activities. Permit should be for good for the growing season March to August	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 15px; margin-bottom: 5px;">(b)(6)</div> P.O. Box 87 McArthur, CA 96056 TELEPHONE AC: <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;">(b)(6)</div>	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="background-color: gray; width: 100%; height: 100px;"></div>
11. WS INVE <div style="background-color: gray; width: 100%; height: 40px; display: inline-block;">(b)(6)</div>	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

PERMIT REVIEW

RENEWAL

Permit No:

Without Change

1. Name, Address, and Telephone Number <div style="background-color: gray; width: 100px; height: 20px; margin: 5px 0;">(b)(6)</div> Telephone <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <div style="background-color: gray; width: 50px; height: 15px; display: inline-block;">(b)(6)</div> Fax/Email: 530-255-2014		2. Location of Damage <p align="center">Same</p>	
		3. County <p align="center">Shasta</p>	4. State <p align="center">CA</p>
5. RESOURCE/DAMAGE ESTIMATE			
A. Resource Damaged <p align="center">Private residence</p>		B. Description of Damage <p align="center">Woodpeckers pecking holes in wood siding and trim</p>	
6. MIGRATORY BIRD SPECIES		7. PERMIT RECOMMENDATION	
Depredating Species	Number Involved	Take Recommendation	Number Recommended Methods
1. Woodpeckers	20-30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 air rifle, trapping
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. PREVIOUS ACTIONS TO ADDRESS PROBLEM AND RESULTS OF THOSE ACTIONS: <p align="center">Owner has installed metal flashing, noise makers, wind chimes, scaring devices, and harassment. Birds will not leave the area.</p>			
8b. COMMENTS: <p align="center">Reinforce harassment efforts by removing several birds. Keep scare devices in place to prevent new birds from damaging home.</p>			
9. RECOMMENDED ACTIONS			
Action: <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Habitat Alteration <input type="checkbox"/> Husbandry <input type="checkbox"/> Exclusion <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Chemical repellent <input type="checkbox"/> Capture and relocation <input type="checkbox"/> Egg/nest destruction <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other:			
10A. WS Investigator Name and Address: (Print) <div style="background-color: gray; width: 60px; height: 15px; margin: 5px 0;">(b)(6)</div> P.O. Box 87 McArthur, CA 96056 Telephone Number: <div style="background-color: gray; width: 50px; height: 15px; display: inline-block;">(b)(6)</div>		10B. WS <div style="background-color: gray; width: 100px; height: 50px; margin: 5px 0;">(b)(6)</div> Date: 12-11-2009	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

PERMIT REVIEW

RENEWAL

Permit No:

Without Change

1. Name, Address, and Telephone Number Calif. Dept of Water Resources (b)(6) 460 Glenn Dr. Oroville, CA 95966 Telephone <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work :530-534-2411 Fax/Email: 530-534-2302		2. Location of Damage Oroville Dam Hyatt Power Plant Intake Thermalito Power Plant	
		3. County Butte	4. State CA
5. RESOURCE/DAMAGE ESTIMATE			
A. Resource Damaged Swallows nesting on Stoplog headgates at dams power plant intake Swallows nesting on crane used at dam site		B. Description of Damage Possible damage to nesting bird eggs and offspring if emergency forces closure of dam headgates.	
6. MIGRATORY BIRD SPECIES		7. PERMIT RECOMMENDATION	
Depredating Species	Number Involved	Take Recommendation	Number Recommended Methods
1. Cliff Swallows	40-60 nests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a. PREVIOUS ACTIONS TO ADDRESS PROBLEM AND RESULTS OF THOSE ACTIONS:			
They have not observed swallows nesting in these areas until this year. The DWR is looking into exclusion such as netting and sheet metal for next year. Also will start washing down new unoccupied nests when swallows first appear next spring.			
8b. COMMENTS:			
Take would occur if an emergency arises where head gates must be closed or use of crane. Remove nests as fledgings leave before nests are reoccupied.			
9. RECOMMENDED ACTIONS			
Action: <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Habitat Alteration <input type="checkbox"/> Husbandry <input checked="" type="checkbox"/> Exclusion <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Chemical repellent <input type="checkbox"/> Capture and relocation <input checked="" type="checkbox"/> Egg/nest destruction <input type="checkbox"/> Shooting <input type="checkbox"/> Other:			
10A. WS Investigator Name and Address: (Print) (b)(6) P.O.Box 87 McArthur, CA 96056 Telephone Number: (b)(6) Email:		10B. V (b)(6) Date: 5	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> U.S. Fish and Wildlife Service (b)(6) 10950 Tyler Rd. Red Bluff, CA 96080 Fax 530-529-0292 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (530) 527-3043		2. LOCATION OF DAMAGE 10950 Tyler Rd. Red Bluff, CA <hr/> 3. COUNTY Tehama <hr/> 4. STATE CA	
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Buildings	C. NATURE OF DAMAGE Flickers pecking holes in siding and around vents.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 1 year	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 500/1000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE 1 year	E. DATE ASSISTANCE REQUEST RECEIVED 2-23-2009	F. DATE OF INVESTIGATION 2-24-2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Flickers	4-5	4-5 birds seen at one time, more birds in the area. Seasonal, birds use the area spring, fall and winter months.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Hazing and harassment to discourage birds from using buildings. Chemical repellent and surface areas, mylar streamers on scareeye, installing nest boxes on trees away from buildings. Using drop down spiders seemed to work the best.		

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend the permit be renewed for 5 flickers to reinforce hazing and harassment efforts.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) P.O.Box 87 Mc Arthur, CA 96056 TELEPHONE (530) 336-5623	12. FOR USE BY DEPREDATION PERMIT AGENCY (Empty space for agency use)
11. WS INVE (b)(6)	

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business/agency name if appropriate) <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;"></div>		2. LOCATION OF DAMAGE <div style="background-color: gray; width: 100%; height: 20px; margin-top: 5px;"></div>	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (<div style="background-color: gray; width: 100px; height: 15px; display: inline-block;"></div>)		3. COUNTY Glenn	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Rice	C. NATURE OF DAMAGE Ibises- walking down large areas coots- pulling sprouts

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Areas of trampling loss of 10-15 sacks /acre Areas damaged by coots 10-20 sacks /acre	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 2500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Late April - Sept	E. DATE ASSISTANCE REQUEST RECEIVED 3-25-2009	F. DATE OF INVESTIGATION 3-26-2009
G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. White-faced Ibises	400-500	Several groups of over 100 birds using area. Damage occurring from June to Sept. More on drier years, damage occurring from late April to June.
2. Coots	200-300	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Propane canons, driving around in vehicles, honking horns, shooting cracker shells, noise makers. Birds become tolerant of hazing. Flock to center of fields where most damaging is occurring. Holes in fields let ducks and geese land to feed on ripening rice in Sept. Constant hazing/ harassment saved thousands of dollars of damage last year.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Issue permit for 20 White-faced Ibises and 25 coots to help reinforce hazing efforts. Ibis hazing should begin in late May when birds first enter sprouted rice fields. This is a critical time to minimize damage.

10. WS INVESTIGATOR NAME AND ADDRESS (Print) <div style="background-color: gray; width: 100px; height: 15px; margin-bottom: 5px;"></div> P.O.Box 87 McArthur, CA. 96056 TELEPHONE AC: <div style="background-color: gray; width: 100px; height: 15px; display: inline-block;"></div>	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE <div style="background-color: gray; width: 100%; height: 20px;"></div>	

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business/agency name if appropriate) (b)(6) (b)(6) (b)(6)		2. LOCATION OF DAMAGE Same	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work AC (b)(6)		3. COUNTY Glenn	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Rice fields	C. NATURE OF DAMAGE Birds tramping down large areas in center of field, eating young rice sprouts.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) 15 sacks/ac for 100 acres damaged	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit 30,000 to <input checked="" type="checkbox"/> Total \$ 35,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE May to Sept 2008 growing season	E. DATE ASSISTANCE REQUEST RECEIVED 3-18-2009	F. DATE OF INVESTIGATION 3-20-2009
G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. White-faced Ibises	1500-2000	Always 50-100 birds more arrive in flocks of 30-40 soon there are over 1,000 if no hazing is occurring. Damage occurring from June to Sept.
2. Coots	1000-5000	
3.		Coots have been increasing in #s for last several years, last year they caused significant damage. Before hazing #s reached 5,000 birds. Damage from mid April to late June.
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Hazing with pyros and propane cannons. Dogs, and leaving vehicles parked around fields with flashing light devices. Green lasers at night. Birds became tolerant of scaring methods. Grower received permit to take Ibises in July. Birds responded to hazing and would leave area for longer periods of time.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
if "YES" suggested conditions of permit: Renew permit for 20 White-faced Ibises and add to permit 200 coots to reinforce on going hazing/ harassment efforts.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print) (b)(6) P.O. Box 87 Mc Arthur, CA 96056 TELEPHONE AC: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY (Empty space for agency use)
11. WS INVESTIGATOR'S SIGNATURE (Empty space for signature)	

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> (b)(6) Animal Nuisance Control 18460 Del Norte Dr. Cottonwood, CA 96022 Telephone: <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work AC: (530) 347-4685 Fax 530-347-6547		2. LOCATION OF DAMAGE Shasta College Redding, CA <hr/> 3. COUNTY Shasta <hr/> 4. STATE CA	
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Buildings	C. NATURE OF DAMAGE Pecking holes in stucco siding

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 1-week	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 500.00	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE 1-week	E. DATE ASSISTANCE REQUEST RECEIVED 3-30-09	F. DATE OF INVESTIGATION 3-30-09	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Flickers	2	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Hazing/harassment, mylar tape

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Issue permit for two flickers, haze/harassment any new birds to area before they become residents.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) P.O. Box 87 Mc Arthur, CA 96056 <hr/> TELE (b)(6) 11. WS (b)(6) WS FOR (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY (Empty space for agency use)
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> <div style="background-color: gray; width: 100%; height: 100%; text-align: center; color: white; font-size: 24px;">(b)(6)</div>	2. LOCATION OF DAMAGE Block of property (b)(6) <div style="background-color: gray; width: 100%; height: 20px; margin-top: 5px;">(b)(6)</div>
3. COUNTY Sutter	
4. STATE CA	

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Wild Rice, Organic Oats, Barley and Vetch <i>rice</i>	C. NATURE OF DAMAGE Coots feeding and pulling out sprouts, making mounds from maturing rice stems,

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 700 wild rice acres planted, Barley-60ac, Oats-60 16 acres of rice lost	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit \$ \$24,000 <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE March 2008-June 2008	E. DATE ASSISTANCE REQUEST RECEIVED 1-9-2009	F. DATE OF INVESTIGATION 1-10-2009	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	400-500	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)		
C. METHODS ATTEMPTED, RESULTS, COMMENTS Hazing and harassment with pyrotechnics, chasing with employees on ATVs, Dogs, Zon guns. Coots getting conditioned to hazing efforts will not leave the fields. <p align="center"><i>water drain</i></p>		

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Renew permit for 250 coots for this growing season(March-Sept.) to reinforce hazing and harassment efforts. Need to start hazing efforts when birds start showing up in early spring.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) P.O.Box 87 McArthur, CA 96056 TELEPHONE AC (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="background-color: gray; width: 100%; height: 100%;"></div>
11. WS (b)(6)	

WS FO (b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Soboba Springs Golf Course 1020 Soboba Rd. San Jacinto, CA 92583 (b)(6)		Soboba Springs Golf Course 1020 Soboba Rd. San Jacinto, CA 92583	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 951-634-1369		3. COUNTY	4. STATE
		Riverside	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	Golf course	Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (if available)	C. LOSS CONFIRMED BY WS
Costs to reseed grass/turf and labor costs	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$48,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
September-April	2/24/11	2/24/11
		G. INVESTIGATION TYPE
		<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1300	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2. American Wigeon	300	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S)	
<input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS

The cooperater has used several different methods to reduce the damage caused by coots. Methods include fencing, wires over ponds, repellents, Pyro's, human harassment, and habitat management. They have had poor results with every method

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit:	
Recommend a permit be issued to remove 400 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Recommend cooperater be allowed to remove 125 wigeon. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Springs Club Rancho Mirage, CA 92270 Attn (b)(6) Golf Course Superintendent		2. LOCATION OF DAMAGE #1 Duke Drive Rancho Mirage, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-328-0254		3. COUNTY Riverside	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Droppings on turf and consumption of grass on greens and fairways
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and to clean up droppings		B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 5,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 1-26-11	F. DATE OF INVESTIGATION 1-26-11	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	250	Renew permit #MB755759-1
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Alpha Chloralose	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Reports good results with motorized boat, habitat alterations, mylar tape/balloons, grid wire, but poor results with pyrotechnics. Cooperator has also purchased a dog to harass the coots.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit be renewed to take 175 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include and active hazing/harassment program to deter coots from remaining on property.
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10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Stoneridge 33 Birkdale Circle Rancho Mirage, CA 92270 (b)(6)		2. LOCATION OF DAMAGE 33 Birkdale Circle Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-832-8535		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Consumption of turf and grass on greens, droppings on sidewalks

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-april	E. DATE ASSISTANCE REQUEST RECEIVED 3/18/11	F. DATE OF INVESTIGATION 3/18/11
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Cooperator has used human harassment, dogs, boats, reflectors, scarecrows, habitat alteration, and pyrotechnics with little success.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	
Recommend a permit be issued to remove 350 coots by shooting or trapping/ethanizing by carbon dioxide inhalations or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Westgate 77 Royal St Georges Way Rancho Mirage, CA 92270 (b)(6)		2. LOCATION OF DAMAGE Westgate 77 Royal St Georges Way Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760) 328-4374		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Consumption of turf and grass on greens, droppings on sidewalks

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-april	E. DATE ASSISTANCE REQUEST RECEIVED 3/18/11	F. DATE OF INVESTIGATION 3/21/11
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has used human harassment, dogs, RC boats and planes, reflectors, scarecrows, habitat alteration, and pyrotechnics with little success.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 350 coots by shooting or trapping/ euthanizing by carbon dioxide inhalations or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> San Diego Zoo and San Diego Wild Animal Park 2920 Zoo Dr. San Diego CA 92021 15500 San Pasqual Valley Rd Escondido, CA 92027 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 619-557-3978		2. LOCATION OF DAMAGE San Diego Zoo San Diego Wild Animal Park <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY</td> <td style="width:50%;">4. STATE</td> </tr> <tr> <td>San Diego</td> <td>CA</td> </tr> </table>		3. COUNTY	4. STATE	San Diego	CA
3. COUNTY	4. STATE						
San Diego	CA						

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	Other native waterfowl, feces	Over population of mallards and coots, predation of mallard eggs caused by great blue herons

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i>	B. DOLLAR LOSS <i>(if available)</i>	C. LOSS CONFIRMED BY WS
Eggs, clean up costs	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$15,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
All year	2/8/11	2/8/11
		G. INVESTIGATION TYPE
		<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Mallards	100	Excessive feces on sidewalks and walkways caused by coots. Great blue herons prey on mallard eggs and chicks during the nesting season. This causes concern and alarm with visitors to both the park and zoo. Removing/oiling mallard eggs helps control overpopulation and decreases predation.
2. Coots	100	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S)	
<input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate oiling eggs <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has used fencing, habitat alteration, harassment, and attempted to discourage nesting from different areas. Cooperators have been oiling mallard and coot eggs to decrease the predation and has had some success using this method.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" suggested conditions of permit:	

Recommend permit be issued to take 75 coots and 75 mallards by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property. Allow cooperator to oil/destroy mallard and coot eggs/nests to control mallard and coot population and discourage great blue heron predation on properties. Lethal control with use of firearms should be allowed if needed.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Sherwood Lake Club 341 Williamsburg Way Thousand Oaks, CA 91361 (b)(6)		2. LOCATION OF DAMAGE 341 Williamsburg Way Thousand Oaks, CA 91361	
3. COUNTY Ventura		4. STATE CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 805-497-3037			

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Damage to greens and fairways from feeding and droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed fairways and greens and clean up droppings	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 18000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6-24-09	F. DATE OF INVESTIGATION 6-24-09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit Telephone <input checked="" type="checkbox"/> Letter Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	2000	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Alpha Chloralose	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperorator reported poor results with human harassment, pyrotechnics, habitat alteration. However dog harassment has been usefull.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend a permit be issued to remove 300 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6) Silver Rock Resort 79-600 Ave. 54 La Quinta, CA 92253		2. LOCATION OF DAMAGE 79-600 Ave. 54 La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-771-5051		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE consumption on turf and greens, feces on sidewalks

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$4000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 5/19/09	F. DATE OF INVESTIGATION 5/19/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	200	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques Lethal trapping <input type="checkbox"/> Trap and relocate use of Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports poor results with cap guns, whistle guns, and human harassment.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Recommend permit be renewed to take 200 coots by shooting or trapping/ euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U. S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Soboba Springs Golf Course 1020 Soboba Rd. San Jacinto, CA 92583 (b)(6)		2. LOCATION OF DAMAGE Soboba Springs Golf Course 1020 Soboba Rd. San Jacinto, CA 92583	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 951-634-1369		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$48,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 1/12/09	F. DATE OF INVESTIGATION 1/12/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	50	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2. American Wigeon	2000	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	

B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
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C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperor has used several different methods to reduce the damage caused by coots. Methods include fencing, wires over ponds, repellents, Pyro's, human harassment, and habitat management. They have had poor results with every method

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	

Recommend a permit be issued to remove 25 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Recommend cooperor be allowed to remove 350 wigeon. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Springs Club Rancho Mirage, CA 92270 Attn. (b)(6)		2. LOCATION OF DAMAGE #1 Duke Drive Rancho Mirage, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-328-0254		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Droppings on turf and consumption of grass on greens and fairways

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and to clean up droppings	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 5,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 7/16/09	F. DATE OF INVESTIGATION 7/16/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	1000	Renew permit #MB755759-1
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Alpha Chloralose	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Reports good results with motorized boat, habitat alterations, mylar tape/balloons, grid wire, but poor results with pyrotechnics. Cooperator has also purchased a dog to harass the coots.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be renewed to take 350 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include and active hazing/harassment program to deter coots from remaining on property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Stadium/Nicklaus Tournament 54-201 Madison Street La Quinta, CA 92253 ATTN: (b)(6)		2. LOCATION OF DAMAGE 54-201 Madison Street La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-564-7863		3. COUNTY San Diego	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/24/09	F. DATE OF INVESTIGATION 6/24/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings. MB 133643
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)				
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)				

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperator has used several different methods to reduce the damage caused by coots. Methods include dog harassment, human harassment, remote controlled boats, and habitat alteration.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED: Yes No

If "YES" suggested conditions of permit:

Recommend a permit be issued to remove 300 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	



United States
Department of
Agriculture

**Subject: Form 37, Sun Eco Farms
Attachment**

Animal and
Plant Health
Inspection
Service

Date: 1/23/09

Wildlife
Services

Section 7.C.

South District Office

9380 Bond Ave
suite A
El Cajon, CA 92021
619-561-3752

The applicant has used several different non-lethal techniques to help control bird depredation on the property. The methods used were pyrotechnics, scarecrows, exclusion, mylar tape and balloons, human harassment, and a sinking fish food. Lethal control was effective for all species, but especially for white pelicans. The owner has also covered ponds with grid wire, but extensive repairs were done because of wind damage. Pelicans have also damaged power lines when flying into them.

The facilities greatest problem with depredation last year was night herons. Depredation by cormorants was similar this permit year to the previous year. The number of green back herons has been increasing. Coots remain a major problem during the fall, winter, and spring because they consume the fish food and interfere with feeding activity.

The Imperial Irrigation District will soon begin building a large wetlands area between the Niland farm and Salton Sea. It is possible this installation will increase bird feeding activity at the fish farms.

Section 9.

I recommend the permit be renewed to lethally remove 1) 100 Double-crested Cormorants, 2) 200 Black-crowned Night Herons, 3) 60 Great Blue Heron, 4) 40 Green Backed Heron, 5) 25 Western Gulls, 6) 30 Great Egret, 7) 30 Snowy Egret, 8) 25 White Pelican, 7) 40 Common Egret. Bird hazing/harassment and non-lethal techniques should also be used. Recommend permit be renewed to take 350 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property. Shotguns and .223 caliber rifles should also be allowed for lethal methods.

(b)(6)

Assistant District Supervisor
9380 Bond Ave, suite A
El Cajon, CA 92021

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6) Sun Lakes Country Club 850 Country Club Dr. Banning, CA 92220		2. LOCATION OF DAMAGE 850 Country Club Dr. Banning, CA 92220	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 951-845-0197		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Grass and turf around pond, landscape	C. NATURE OF DAMAGE Feeding on turf and grass, droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$20,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-april	E. DATE ASSISTANCE REQUEST RECEIVED 8/5/09	F. DATE OF INVESTIGATION 8/5/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	600	Excessive damage caused by wigeons, coots, and mallards
2. Mallards	200	
3. Wigeons	1500	
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Human harassment, pyrotechnics, overhead wires, netting, and bird bombs have all been used, but very little success. Wigeons are the primary species causing depredation from droppings on the golf course and sidewalks.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit be renewed to take 300 coots, 50 mallards, and 300 wigeons by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Alpha Chloralose can only be used to remove coots or domesticated waterfowl. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Sunrise Country Club of Rancho Mirage 71601 Country Club dr. Rancho Mirage, CA 92270 Ron Cressy		Palma Lake 71601 Country Club dr. Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		3. COUNTY	4. STATE
760-568-6783		San Diego	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	Golf course, water quality, human health/safety	Droppings, eating turf and grass, excessive droppings in lake

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (if available)	C. LOSS CONFIRMED BY WS
Clean up costs, reseeded	<input type="checkbox"/> Per Unit Total \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
September-April	2/10/09	2/10/09
		G. INVESTIGATION TYPE
		<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	200	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S)	
x <input type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> Alpha Chloralose X <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
Cooperator has used human harassment, scarecrows, fencing, mylar tape and balloons, and dog harassment. These methods have all had poor results.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 200 coots by shooting or trapping/ethanizing by carbon dioxide inhalations or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA-Wildlife Services 9380 Bond Ave suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Ventura Regional Sanitation District 1001 Partridge Dr. suite 150 Ventura, CA 93003		2. LOCATION OF DAMAGE 3500 Poland Road Santa Paula, CA 93060	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 805-658-4639		3. COUNTY Ventura	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural Property <input type="checkbox"/> Natural Resource Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Landfill and private properties	C. NATURE OF DAMAGE Droppings and poor sanitary conditions
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Harassment costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$50,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 3/24/09	F. DATE OF INVESTIGATION 3/24/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Raven	100	
2. Western Gull	100	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED
 Direct Control Technical Assistance Equipment Loan Supplies Other (specify)

B. RECOMMENDED ACTION(S)
 Harassment or hazing techniques Lethal trapping Trap and relocate
 Habitat alteration and/or barriers Shooting Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has used several different harassment methods and techniques to discourage birds from using the area. These include pyrotechnics, scarecrows, exclusion, human harassment, and discourage nesting. They have had good results with most of these methods, but lethal control is necessary to reinforce non lethal methods.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED: Yes No
 If "YES" suggested conditions of permit:
 Wildlife Services recommends a permit be issued to lethally remove 35 ravens and 35 western gulls. Non lethal harassment methods should also continue.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Vintage Club & Vintage club Master Association 75-001 Vintage Drive West Indian Wells, CA 92210 ATTN: (b)(6)		2. LOCATION OF DAMAGE 75-001 Vintage Drive West Indian Wells, CA 92210	
3. COUNTY Riverside		4. STATE CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-568-2646			

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Droppings on turf and consumption of grass on greens and fairways

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens and fairways, clean up of droppings	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 20000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/19/09	F. DATE OF INVESTIGATION 6/19/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coots	500	Renew permit MB798262-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports fair results with habitat alteration and with motorized speed boats and poor results with pyrotechnics, exclusions, mylar balloons/tape, discourage nesting, human harassment, and ceramic animals.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit be issued to remove 300 coots by shooting or trapping/euthanizing by carbon dioxide inhalations or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA APHIS Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY 11. WS INVESTIGATOR'S SIGNATURE
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Waters Ranches L.L.C. 10500 Broadway Rd. Moorpark, CA 93021 (b)(6)		2. LOCATION OF DAMAGE 10865 Broadway Rd. Moorpark, CA 93021	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 805-532-2019		3. COUNTY Ventura	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural Property <input type="checkbox"/> Natural Resource Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Berry orchard	C. NATURE OF DAMAGE Birds feeding on berries and feces on crops

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> acres	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 476,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 5/6/09	F. DATE OF INVESTIGATION 5/12/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Cedar Waxwing	500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has used pyrotechnics, scarecrows, mylar tape and balloons, habitat alteration, human harassment and attempted to trap the birds, but none have been successful.

9. DEPREDATION PERMIT
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If "YES" suggested conditions of permit:
 WS recommends a permit be issued to lethally remove 250 cedar waxwings to protect the resource. This should also include the lethal removal of eggs and nests. A active non-lethal harassment should continue to reinforce lethal methods used.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA APHIS WS 9380 Bond Ave, suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Westgate 77 Royal St Georges Way Rancho Mirage, CA 92270 (b)(6)		2. LOCATION OF DAMAGE Westgate 77 Royal St Georges Way Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760) 328-4374		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Consumption of turf and grass on greens, droppings on sidewalks

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-april	E. DATE ASSISTANCE REQUEST RECEIVED 5/26/09	F. DATE OF INVESTIGATION 5/26/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
IF "YES" suggested conditions of permit: Recommend a permit be issued to remove 200 coots by shooting or trapping/ethanizing by carbon dioxide inhalations or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Westlake Golf Club 4812 Lakeview Canyon Rd Westlake Village, CA 91361 (b)(6)		2. LOCATION OF DAMAGE Westlake Golf Club 4812 Lakeview Canyon Rd Westlake Village, CA 91361	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 818-889-0770		3. COUNTY Los Angeles	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit Total \$10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/15/09	F. DATE OF INVESTIGATION 6/15/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	600	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperator has used several different methods to reduce the damage caused by coots. Methods include fencing, streamers, effigies, vegetation removal, dogs, and human harassment. They have had poor results with every method

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 450 coots by shooting or trapping/ euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY 11. WS INVESTIGATOR'S SIGNATURE (b)(6)
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;"></div>		2. LOCATION OF DAMAGE <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;"></div>	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <div style="background-color: gray; width: 80px; height: 20px; display: inline-block;"></div>		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Exterior of house, paint and siding	C. NATURE OF DAMAGE Property damage

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Exterior of house.	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 6-1-09	F. DATE OF INVESTIGATION 6-1-09	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Woodpecker species	30	Birds pecking holes in exterior of house and damaging telephone pole.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has attempted several non lethal harassment methods to deter birds from home. Have used metallic tape, bird decoys, and human harassment. The cooperator has also repaired holes several times in the past. There has been no success to alleviate the problem.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	
Recommend cooperator be allowed to take 8 woodpeckers from property. This permit should also allow for the removal/destruction of nests/eggs. Cooperator should also incorporate a non lethal harassment program to deter other birds from nesting and feeding on property, and repairs should be made to existing damage.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> Assistant District Supervisor, USDA Wildlife Services 9380 Bond Ave, suite A El Cajon, CA 92021 TELEPHONE NUMBER: <div style="background-color: gray; width: 80px; height: 20px; display: inline-block;"></div>	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE <div style="background-color: gray; width: 100%; height: 40px;"></div>	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> San Diego Zoo and San Diego Wild Animal Park 2920 Zoo Dr. San Diego CA 92021 15500 San Pasqual Valley Rd Escondido, CA 92027		2. LOCATION OF DAMAGE San Diego Zoo San Diego Wild Animal Park	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 619-557-3978		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Other native waterfowl, feces	C. NATURE OF DAMAGE Over population of mallards and coots, predation of mallard eggs caused by great blue herons

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Eggs, clean up costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$15,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE All year	E. DATE ASSISTANCE REQUEST RECEIVED 9/22/09	F. DATE OF INVESTIGATION 9/22/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Mallards	500	Excessive feces on sidewalks and walkways caused by coots. Great blue herons prey on mallard eggs and chicks during the nesting season. This causes concern and alarm with visitors to both the park and zoo. Removing/oiling mallard eggs helps control overpopulation and decreases predation.
2. Coots	500	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate oiling eggs <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has used fencing, habitat alteration, harassment, and attempted to discourage nesting from different areas. Cooperators have been oiling mallard and coot eggs to decrease the predation and has had some success using this method.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
IF "YES" suggested conditions of permit:	

Recommend permit be issued to take 200 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property. Allow cooperator to oil/destroy mallard and coot eggs/nests to control mallard and coot population and discourage great blue heron predation on properties. Lethal control with use of firearms should be allowed if needed.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(include business/agency name if appropriate)</i> Andolusia County Club 79-301 Cascades Circle La Quinta, CA 92253		2. LOCATION OF DAMAGE 58830 Narbela Thermal, CA 92274	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-771-9160		3. COUNTY Riverside	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Droppings on turf and consumption of grass on greens and fairways
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 4500	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE Sept.-April	E. DATE ASSISTANCE REQUEST RECEIVED 7/16/09	F. DATE OF INVESTIGATION 7/16/09	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	200	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)				
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)				

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Bird bangers and human harassment have been used, but the cooperator had little to no success.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED: Yes No

If "YES" suggested conditions of permit:

Recommend permit be issued to remove 200 coots by shooting or trapping/euthanizing by carbon dioxide inhalations or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) Assistant District Supervisor USDA APHIS Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Annenberg Foundation Trust at Sunnylands 71-231 Tamarisk Lane Rancho Mirage, CA 92270 Attn: (b)(6)		2. LOCATION OF DAMAGE 71-231 Tamarisk Lane Rancho Mirage, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760)-202-2270		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course	C. NATURE OF DAMAGE Droppings on grass/turf and consumption of grass/turf on greens and fairways.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor and material cost to re-seed/re-turf and cleanup.	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit \$ 2,000 <input checked="" type="checkbox"/> Total	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 7/7/09	F. DATE OF INVESTIGATION 7/7/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	100	Renew permit # MB006108-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha-Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports poor results with pyrotechnics, scarecrows, nesting discouragement, human harassment, and alpha chloralose.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be issued to take 75 coots by shooting, trapping and/or tranquilizing using Alpha-Chloralose and euthanasia via carbon dioxide inhalation. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) Assistant District Supervisor 9380 Bond Avenue Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Arnold Palmer 79-811 Avenue 54 La Quinta, CA 92253 ATTN: (b)(6)		2. LOCATION OF DAMAGE 79-811 Avenue 54 La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-564-7863		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit Total \$10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/24/09	F. DATE OF INVESTIGATION 6/24/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings. MB133642
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperater has used several different methods to reduce the damage caused by coots. Methods include dog harassment, human harassment, remote controlled boats, and habitat alteration.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 300 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Arroyo Tabuco Golf Club (b)(6) 26772 Avery Parkway Mission Veijo, CA 92692		2. LOCATION OF DAMAGE 26772 Avery Parkway Mission Veijo, CA 92692	
3. COUNTY Orange		4. STATE CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 949-305-5100			

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit Total \$7,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 8/13/09	F. DATE OF INVESTIGATION 8/13/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	200	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperater has used several different methods to reduce the damage caused by coots. Methods include fencing, wires over ponds, repellents, sprinklers, and human harassment. They have had poor results with every method.

9. DEPREDAATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 200 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDAATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Bighorn Golf Club 255 Palowet Drive Palm Desert, CA 92260 Attn: (b)(6)		2. LOCATION OF DAMAGE 255 Palowet Drive Palm Desert, CA 92260	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-776-7126 ext. 2520		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Damage to greens and fairways from feeding and human health/safety from droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed fairways and greens and clean up droppings	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 150,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 9-21-09	F. DATE OF INVESTIGATION 9-21-09
		G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	700	Renew permit MB083051-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Alpha Chloralose	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Lethal and non-lethal control by shooting has been used and given good results with harassment.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit to remove 200 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> CARLAU L.L.C 1020 Alcady Way Glendale, CA 91207 Attn. (b)(6)		2. LOCATION OF DAMAGE End of Lincoln Street and 72 nd Street Mecca, CA	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work 818-244-2685		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural Property <input type="checkbox"/> Natural Resource Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Aquaculture	C. NATURE OF DAMAGE Predation of catfish fry and fingerlings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Replacement costs of fish and labor costs associated with exclusionary devices, habitat modifications, and harassment.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$3000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 1-12-09	F. DATE OF INVESTIGATION 1-12-09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Cormorants	150	Renew permit MB818030-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports good results with mylar tape and balloons and human harassment, and fair to poor results with pyrotechnics, scarecrows, habitat alteration, and discouragement of nesting. Applicant is also using vegetation to provide cover for the fish.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit to take 50 cormorants using shooting combined with an intensive harassment program. Harassment should include those methods that have been most successful. Additional harassment might include the use of a automated propane cannon to simulate the sound of gunfire.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA-APHIS-Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES
MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i>		2. LOCATION OF DAMAGE	
Citrus 78-752 Avenue 52 La Quinta, CA 92253 ATTN: (b)(6)		78-752 Avenue 52 La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-564-7863		3. COUNTY	4. STATE
		San Diego	CA

5. RESOURCE		
A. RESOURCE CATEGORY	B. SPECIFIC RESOURCE(S) DAMAGED	C. NATURE OF DAMAGE
<input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	Golf course	Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i>		B. DOLLAR LOSS <i>(if available)</i>	C. LOSS CONFIRMED BY WS
Costs to reseed grass/turf and labor costs		<input type="checkbox"/> Per Unit Total \$10,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION	G. INVESTIGATION TYPE
September-April	6/24/09	6/24/09	<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings. MB133637
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S)	
<input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
The cooperater has used several different methods to reduce the damage caused by coots. Methods include dog harassment, human harassment, remote controlled boats, and habitat alteration.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
Recommend a permit be issued to remove 300 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021	
TELEPHONE NUMBER: (b)(6)	
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> City of Temecula P.O. BOX 9033 Temecula, CA 92589 Attn: (b)(6)		2. LOCATION OF DAMAGE Temecula Duck Pond 28250 Ynez Rd. Harveston Lake Park 29005 Lake House Rd, Temecula, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 951-694-6480		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Landscape damage, large amount of feces on sidewalks and in ponds	C. NATURE OF DAMAGE Dead grass from feces, and eating grass. Human health safety concerns from droppings.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace grass and clean up feces	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$40,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Sept.-April	E. DATE ASSISTANCE REQUEST RECEIVED 5/26/09	F. DATE OF INVESTIGATION 5/29/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input type="checkbox"/> telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	MB819546.
2. Mallards	200	
3. Wigeons	100	
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports poor results with human harassment, exclusion, habitat alteration, and discourage of nesting.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be issued to remove 250 coots, 150 mallards, and 75 wigeons by shooting or trapping/ethanizing by carbon dioxide inhalations or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter birds from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Arnold Palmer 79-811 Avenue 54 La Quinta, CA 92253 ATTN: (b)(6)		2. LOCATION OF DAMAGE 79-811 Avenue 54 La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-564-7863		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit Total \$10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/24/09	F. DATE OF INVESTIGATION 6/24/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings. MB133642
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperater has used several different methods to reduce the damage caused by coots. Methods include dog harassment, human harassment, remote controlled boats, and habitat alteration.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 300 coots by shooting or trapping/ euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Arroyo Tabuco Golf Club (b)(6) 26772 Avery Parkway Mission Viejo, CA 92692		2. LOCATION OF DAMAGE 26772 Avery Parkway Mission Viejo, CA 92692	
3. COUNTY Orange		4. STATE CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 949-305-5100			

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit Total \$7,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 8/13/09	F. DATE OF INVESTIGATION 8/13/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	200	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperator has used several different methods to reduce the damage caused by coots. Methods include fencing, wires over ponds, repellents, sprinklers, and human harassment. They have had poor results with every method.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	
Recommend a permit be issued to remove 200 coots by shooting or trapping/ euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Bighorn Golf Club 255 Palowet Drive Palm Desert, CA 92260 Attn: (b)(6)		2. LOCATION OF DAMAGE 255 Palowet Drive Palm Desert, CA 92260	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-776-7126 ext. 2520		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Damage to greens and fairways from feeding and human health/safety from droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed fairways and greens and clean up droppings	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 150,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 9-21-09	F. DATE OF INVESTIGATION 9-21-09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	700	Renew permit MB083051-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Alpha Chloralose	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Lethal and non-lethal control by shooting has been used and given good results with harassment.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

If "YES" suggested conditions of permit:
 Recommend a permit be issued to remove 200 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> CARLAU L.L.C 1020 Alcady Way Glendale, CA 91207 Attn: (b)(6)		2. LOCATION OF DAMAGE End of Lincoln Street and 72 nd Street Mecca, CA	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work	818-244-2685	3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural Property <input type="checkbox"/> Natural Resource Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Aquaculture	C. NATURE OF DAMAGE Predation of catfish fry and fingerlings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Replacement costs of fish and labor costs associated with exclusionary devices, habitat modifications, and harassment.	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$3000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Year round	E. DATE ASSISTANCE REQUEST RECEIVED 1-12-09	F. DATE OF INVESTIGATION 1-12-09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Cormorants	150	Renew permit MB818030-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Applicant reports good results with mylar tape and balloons and human harassment, and fair to poor results with pyrotechnics, scarecrows, habitat alteration, and discouragement of nesting. Applicant is also using vegetation to provide cover for the fish.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit to take 50 cormorants using shooting combined with an intensive harassment program. Harassment should include those methods that have been most successful. Additional harassment might include the use of a automated propane cannon to simulate the sound of gunfire.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA-APHIS-Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Citrus 78-752 Avenue 52 La Quinta, CA 92253 ATTN: (b)(6)		2. LOCATION OF DAMAGE 78-752 Avenue 52 La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-564-7863		3. COUNTY San Diego	4. STATE CA

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and greens and droppings in same areas
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit Total \$10,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 6/24/09	F. DATE OF INVESTIGATION 6/24/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
2.		
3.		MB133637
4.		
5.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 The cooperater has used several different methods to reduce the damage caused by coots. Methods include dog harassment, human harassment, remote controlled boats, and habitat alteration.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED: Yes No

if "YES" suggested conditions of permit.

Recommend a permit be issued to remove 300 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or application of Alpha Chloralose. A/C can only be administered by USDA/APHIS/WS or a FDA approved Pest Control Operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> City of Temecula P.O. BOX 9033 Temecula, CA 92589 Attn: (b)(6)		2. LOCATION OF DAMAGE Temecula Duck Pond 28250 Ynez Rd. Harveston Lake Park 29005 Lake House Rd, Temecula, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 951-694-6480		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Landscape damage, large amount of feces on sidewalks and in ponds	C. NATURE OF DAMAGE Dead grass from feces, and eating grass. Human health safety concerns from droppings.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace grass and clean up feces	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$40,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE Sept.-April	E. DATE ASSISTANCE REQUEST RECEIVED 5/26/09	F. DATE OF INVESTIGATION 5/29/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input type="checkbox"/> telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coots	500	MB819546.
2. Mallards	200	
3. Wigeons	100	
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports poor results with human harassment, exclusion, habitat alteration, and discourage of nesting.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be issued to remove 250 coots, 150 mallards, and 75 wigeons by shooting or trapping/ethanizing by carbon dioxide inhalations or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter birds from remaining on the property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> The Classic Club 75-200 Classic Club BLVD. Palm Desert, CA 92211 (b)(6)		2. LOCATION OF DAMAGE 75-500 Varner Rd Palm Desert, CA 92211	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-601-3691		3. COUNTY Riverside	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Birds eating grass and turf, excessive droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 8000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 7/7/09	F. DATE OF INVESTIGATION 7/7/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. coots	600	
2. geese	50	
3. mallards	100	
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Cooperator has attempted to used pyrotechnics, scarecrows, exclusion, habitat alteration, human harassment, and dog harassment. All of these methods have had fair or poor results.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be renewed to take 250 coots, 20 geese, and 25 mallards by shooting, nest/egg destruction, or trapping/euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA Wildlife Services 9380 Bond Ave, Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6) Crosby Club PO BOX 2504 Rancho Santa Fe, CA 92067		2. LOCATION OF DAMAGE 17273 Ben Crosby Blvd. San Diego, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 858-759-3752		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf course	C. NATURE OF DAMAGE Feeding on turf and grass, droppings

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up	B. DOLLAR LOSS <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$1000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE September-April	E. DATE ASSISTANCE REQUEST RECEIVED 8/5/09	F. DATE OF INVESTIGATION 8/5/09
G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	300	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
C. METHODS ATTEMPTED, RESULTS, COMMENTS Human harassment but no success.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit be renewed to take 200 coots by shooting or trapping/ euthanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/WS personnel. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on property.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) USDA/WS 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE	

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Desert Island Golf & Country Club 71-777 Frank Sinatra Drive Rancho Mirage, CA 92270 Attn: (b)(6)		2. LOCATION OF DAMAGE 71-777 Frank Sinatra Drive	
3. COUNTY Riverside		4. STATE CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 760-328-0841			

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> X Property <input type="checkbox"/> Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED Golf Course, parks	C. NATURE OF DAMAGE Droppings on grass/turf and consumption of grass/turf on greens and fairways.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Labor and material cost to re-seed/re-turf and cleanup.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total \$ 12,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
D. DURATION/TIME PERIOD OF DAMAGE September through April	E. DATE ASSISTANCE REQUEST RECEIVED 6/18/09	F. DATE OF INVESTIGATION 6/18/09	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> X Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	3000	Renew permit MB685807-0
2. Canadian Geese	500	This has become a severe health hazard from droppings near snack bars, dining locations, sidewalks, and playground areas. Several people in the community have health concerns, and reports of a decrease of property value.
3.		
4.		
5.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> X Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> X Harassment or hazing techniques <input checked="" type="checkbox"/> X Lethal trapping <input type="checkbox"/> Trap and relocate Alpha-Chloralose <input checked="" type="checkbox"/> X Habitat alteration and/or barriers <input checked="" type="checkbox"/> X Shooting <input type="checkbox"/> X Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS
 Applicant reports poor results with mylar tape/balloons, exclusions, pyrotechnics, scarecrows, nesting discouragement and human harassment.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No	

f "YES" suggested conditions of permit:
 Recommend permit be issued to take 1500 coots and 75 geese by shooting, trapping and/or tranquilizing using Alpha-Chloralose and euthanasia via carbon dioxide inhalation. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or an approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots and geese from remaining on the property.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) Assistant District Supervisor 380 Bond Avenue Suite A San Diego, CA 92021 TELEPHONE NUMBER: (b)(6)	
WS INVESTIGATOR'S SIGNATURE	