

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i></p> <p>Harney Electric Cooperative Inc. c/o (b)(6) 1326 Hines Blvd. Burns, Oregon 97720</p> <p>TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 541 573-2061</p>	<p>2. LOCATION OF DAMAGE</p> <p>Northern Nevada, primarily Humboldt County</p>
<p>3. COUNTY</p> <p>Humboldt</p>	<p>4. STATE</p> <p>Nevada</p>

5. RESOURCE		
<p>A. RESOURCE CATEGORY</p> <p><input checked="" type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource</p> <p><input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED</p> <p>Human health and safety issues with ravens causing power outages to residents, damage to electrical structures and rangeland fires.</p>	<p>C. NATURE OF DAMAGE</p> <p>Ravens have prevented electricity from reaching homes, with no power there is no water for agricultural crops, livestock, manpower to fix the damaged electrical units, and on occasion rangeland fires.</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i></p> <p>Annually reports \$ 80,400 worth of damages. Unable to calculate loss's to electrical users throughout Humboldt County.</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit</p> <p><input checked="" type="checkbox"/> Total Approx. \$80,400</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>This is year around damage, but more problematic especially during the spring and summer months (raven nesting season).</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED</p> <p>February 14th, 2009</p>	<p>F. DATE OF INVESTIGATION</p> <p>Same day by WS J. Peter</p>	<p>G. INVESTIGATION TYPE</p> <p><input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Other</p> <p>Specialist site visit</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	3,000-5,000	Year around damage to electrical property but peak damage time occurs in the spring and summer months.
2.		
3.		
4.		

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

<p>B. RECOMMENDED ACTION(S)</p> <p><input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate</p> <p><input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction</p>		
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C. METHODS ATTEMPTES, RESULTS, and COMMENTS: The electrical company has tried various non-lethal techniques with very low success. The electrical company has had several crews removing nests but the ravens re-build nests daily. The electrical company has also contracted with USDA Wildlife Services-Nevada to remove ravens by methods of DRC-1339 treated egg baits, shooting, and aerial hunting.

The raven removal has shown a reduction in overall losses at specific sites, but it appears to be an ongoing problem especially when some portions of the country have experienced increased raven populations during the past 20 years. Several years ago the West Nile Virus seemed to have reduced the raven population down 30-40%, but it appears that raven populations are at all time highs and raven complaints are increasing across the state.

9. DEPREDATION PERMIT

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

The electrical company should be allowed to remove ravens by use of non-toxic steel shot and dispose of the raven carcasses in accordance with all applicable local and state laws. The electrical company should also remove raven nests as quickly as possible. I also recommend that they receive a permit to take any and all ravens that are causing damage to utility structures.

10. WS INVESTIGATOR NAME AND ADDRESS (<i>Print</i>) (b)(6) TELEPHONE (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> Rhodes Ranch Golf Course c/o (b)(6) 20 Rhodes Ranch Parkway Las Vegas, Nevada 89148 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (702)604-4166	2. LOCATION OF DAMAGE On the golf course
3. COUNTY CLARK	4. STATE NEVADA

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, aprons, fairways and several small lakes	C. NATURE OF DAMAGE Consumption of seed, grass and fecal contamination

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 160 acres but they are mainly around five holes (25-30% of area)	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$55,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE October thru March	E. DATE ASSISTANCE REQUEST RECEIVED 04 Aug 2009	F. DATE OF INVESTIGATION February 2, 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 coot	2,800	Higher populations during the migration period.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Other (specify) Alpha-Chloralose when employees are employed in the area. <input checked="" type="checkbox"/> Technical Assistance 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 checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) DRC-1339 through WS		
C. METHODS ATTEMPTED, RESULTS, COMMENTS : Cooperators have harassed bird into the water, removed all tule's and vegetation. Have screened off some areas.		

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 for 100% of the problem coots that are causing damage. Ongoing non-lethal applications should be applied when applicable. All birds removed will be picked up and properly disposed of according to local health codes, or buried and incinerated.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Red Hawk golf course c/o (b)(6) 6600 North Winfield Parkway Sparks, Nevada 89436 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775 722-2030	2. LOCATION OF DAMAGE Red Hawk golf course
	3. COUNTY Washoe
	4. STATE Nevada

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 Fecal contamination, grass consumption	C. NATURE OF DAMAGE contamination

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$20,000	C. LOSS CONFIRMED BY WS <p align="center">Yes No X</p>

D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED April 30, 2009	F. DATE OF INVESTIGATION N/A	G. INVESTIGATION TYPE Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other
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7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coots	600-900	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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 ATTEMPTES, RESULTS, and COMMENTS: Cooperator has used pyrotechnics with low success. Cooperator has also tried chicken wire, herding dogs, coyote decoys and registered bird chemicals.		

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 for all the coots that are causing damage to the areas of concern. Non-toxic steel shot should be used and all removed waterfowl will be disposed of by all applicable laws.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i></p> <p>Marigold Mining Company c/d (b)(6) P.O. Box 160 Valmy, Nevada 89438</p> <p>TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775 635-2317</p>	<p>2. LOCATION OF DAMAGE</p> <p>Northern Nevada, primarily Humboldt County</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Humboldt</td> <td style="width:50%;">4. STATE Nevada</td> </tr> </table>	3. COUNTY Humboldt	4. STATE Nevada
3. COUNTY Humboldt	4. STATE Nevada		

5. RESOURCE		
<p>A. RESOURCE CATEGORY</p> <p>Agricultural <input type="checkbox"/> Natural Resource <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED</p> <p>Human health and safety issues with ravens harassing employees and fecal contamination.</p>	<p>C. NATURE OF DAMAGE</p> <p>Ravens have constantly harassed employees and deposit vast amounts of fecal matter around equipment.</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i></p> <p>Annually reports \$1,000 worth of damages. Long term measure to equipment loss is not available at this time.</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit</p> <p><input checked="" type="checkbox"/> Total Approx.: \$1,000</p>	<p>C. LOSS CONFIRMED BY WS</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE</p> <p>This is year around damage.</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED</p> <p>May 20th, 2009</p>	<p>F. DATE OF INVESTIGATION</p> <p>N/A</p>	<p>G. INVESTIGATION TYPE</p> <p>Site Visit <input type="checkbox"/> Telephone <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Other</p> <p>Specialist site visit</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	100	Year around damage, but more of a problem in the spring months.
2.		
3.		
4.		

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

METHODS ATTEMPTED, RESULTS, and COMMENTS: The mining company has tried various non-lethal techniques with very low success. The mining company has also tried fake owls and covering trash containers.

9. DEPREDATION PERMIT

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

The mining company should be allowed to remove ravens by use of non-toxic steel shot and dispose of the raven carcasses in accordance with all applicable local and state laws. The mining company should also remove raven nests as quickly as possible in the spring. I also recommend that they receive a permit to take any and all ravens that are causing damage to damage sites. WS also recommends that DRC-1339 treated egg baits be placed if the mining company desires WS services.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Lockwood Regional Landfill 1390 Canyon Way Reno, NV 89512 TELEPHONE <input checked="" type="checkbox"/> Office Fax 775-342-0101	2. LOCATION OF DAMAGE At Landfill and the adjacent areas.
	3. COUNTY Storey
	4. STATE NV

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 Droppings on site cause for concern to property, human health/ Safety and disruption of landfill operations.	C. NATURE OF DAMAGE Dropping and presence at the landfill lead to potential disease vector.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Each (Landfill site and adjacent areas.)	B. DOLLAR LOSS <i>(if available)</i> <input checked="" type="checkbox"/> Per Unit <input type="checkbox"/> Total \$ 4,000.00	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.	E. DATE ASSISTANCE REQUEST RECEIVED May 11, 2008	F. DATE OF INVESTIGATION May 12, 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 California and Ring-billed Gulls.	B. NUMBER INVOLVED 2,500-3,000	C. COMMENTS This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), displaying of dead gulls as a scare device and exploding cannons have been used to disrupt gull activity.

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" 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) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Egg/nest destruction		

C. METHODS ATTEMPTED, RESULTS, COMMENTS: Altering of habitat (daily), displaying of effigies (periodically) and exploding cannons (daily).

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

That the land fill continue to use a wide variety of non-lethal methods. WS recommends removing gulls (both species) until the damage has stopped. WS also recommends gull removal with a shotgun using non-toxic (steel) shot shell. It is also recommended that WS be added to the depredation permit.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
TELEPHONE (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> Boulder Creek Golf Course ATTN (b)(6) PO box 61350 Boulder City, NV 89006-1350 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702.293.9255	2. LOCATION OF DAMAGE 1501 Veterans Memorial Drive; Boulder City, NV
3. COUNTY Clark	4. STATE Nevada

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 Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$23,200	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED September 28, 2009	F. DATE OF INVESTIGATION September 29, 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	Coot numbers increase throughout the fall and winter months. Resident Geese continue to cause damage year round.
2. Canada Geese	30-40	
3.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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)		
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C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator uses habitat manipulation, personal and vehicular harassment. Also received assistance (technical assistance) from WS.

9. DEPREDATION PERMIT	
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WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued for removal of 25% of the Canada geese (and nest/egg destruction) and removal of all coots causing damage to the areas of concern. All removed waterfowl will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Canyon Gate Country Club 2001 Canyon Gate Drive Las Vegas, Nevada 89117 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (702) 363-4814	2. LOCATION OF DAMAGE Canyon Gate Country Club
3. COUNTY Clark	4. STATE Nevada

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 issue and fecal matter on sidewalks and club house area; Turf damage.	C. NATURE OF DAMAGE Feeding on greens and fecal matter throughout course.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annually report damage to greens and fairways. Loss of patrons.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$55,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage	E. DATE ASSISTANCE REQUEST RECEIVED August 26, 2009	F. DATE OF INVESTIGATION August 26, 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	1,000	Coot numbers remain high during the migration period and most disperse by spring. Year around damage occurs by Canada geese to property by a resident population.
2. Canada goose	450	
3. Mallard Duck	200	
4. Widgeon	10	

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Other (specify) Alpha-chloralose <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) Egg/nest destruction, A-C through WS		
C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Personnel have used pyrotechnics, personnel, golf carts, dogs and Vegetation manipulation, overhead gridding to water hazards.		

9. DEPREDATION PERMIT

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

WS recommends a permit be issued for removal of 25% of the Canada geese (and nest/egg destruction), mallard ducks and Widgeon in conjunction with non-lethal methods. WS also recommends the removal of all coots that are causing damage. All removed will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 40px; margin-bottom: 5px;"></div> (b)(6) TELEPHONE (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

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Fallon Naval Air Station Bldg. 307; Attention Environmental Department 4757 Pasture Road Fallon, Nevada 89496 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775.426.2956</p>	<p>2. LOCATION OF DAMAGE Fallon Naval Air Station</p>
<p>3. COUNTY Churchill</p>	<p>4. STATE Nevada</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 Birdstrike hazard to Aviation safety, damage to hangers including corrosion.</p>	<p>C. NATURE OF DAMAGE Potential aircraft engine ingestion. Defecation and nesting material intrusion into bleed air ducts, corrosion to plane, fecal build up on electrical power supplies/door motors.</p>
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6. DAMAGE ESTIMATE

<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annual sustain fecal damage to aircraft, machinations, clean up costs.</p>	<p>B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$100,000</p>	<p>C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE March-August (Peak time)</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED 1/13/09</p>	<p>F. DATE OF INVESTIGATION January 13, 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. Barn Swallow	500	
2. Cliff Swallow	800	
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED
 Direct Control Equipment 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/nest destruction

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Net exclusion systems are installed, door channel wiper brush exclusion, predatory bird effigies, mylar reflective tape, and acoustic harassment systems provided some beneficial results in hangers, but is not affective outside of hanger.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued for removal of both species of depredating swallows, as well as a permit to remove all swallow nests and eggs. All removed will be disposed of by all applicable laws.

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

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> Fly J Ranch ATTN: (b)(6) P.O. Box 1756 Parhump, NV, 89041 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (775) 727-0541	2. LOCATION OF DAMAGE 3210 West Mesquite Ave Parhump, NV, 89060
3. COUNTY Clark	4. STATE Nevada

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" 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 Pistachio Orchard Trees/Nuts.	C. NATURE OF DAMAGE Consumption/contamination of Pistachio trees and nuts.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination of entire orchard, 25 acres.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 10,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Seasonal (Aug-Oct)	E. DATE ASSISTANCE REQUEST RECEIVED June 16, 2009	F. DATE OF INVESTIGATION June 16, 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	600	
2.		
3.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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 ATTEMPTES, RESULTS, and COMMENTS: Cooperator utilizes harassment and hazing techniques and lethal shooting.		

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 for the removal of up to 60 Common Ravens causing damage to the areas of concern. All removed Ravens will be disposed of by applicable laws.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Nye County Road Department P.O. Box 887 Tonapah, Nevada 89049 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775.482.8128	2. LOCATION OF DAMAGE Nye County Landfill
	3. COUNTY Nye
	4. STATE Nevada

5. RESOURCE

A. RESOURCE CATEGORY <input checked="" 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 Human Health and safety issues (including vector control) with ravens causing fecal damage upon equipment and machinery.	C. NATURE OF DAMAGE Ravens have left fecal deposits on equipment that is problematic for employees. Ravens also take trash from the landfill and deposit it and corresponding pathogens to other locations.
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annually reports \$ 5,000.00 worth of damage.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$5,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE Year 'round damage, peaking during the fall and winter months.	E. DATE ASSISTANCE REQUEST RECEIVED 7/07/09	F. DATE OF INVESTIGATION n/a
		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	450	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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) Egg/nest destruction

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: The landfill has tried various acoustic/motor/physical harassment, achieving very minimal success.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued for removal of offending Common Ravens w/use of non-toxic shot. All Ravens removed will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Oasis 100 Palmer Lane Mesquite, Nevada 89027 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 346-7820 ex (b)(6)	2. LOCATION OF DAMAGE same
3. COUNTY Clark	4. STATE Nevada

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 Fecal contamination, grass consumption	C. NATURE OF DAMAGE Contamination/consumption

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$15,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED June 18, 2009	F. DATE OF INVESTIGATION June 18, 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	300-500	
2. Canada geese	200-400	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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, and COMMENTS: Cooperator has used pyrotechnics. Cooperator has also tried coyote cut-outs, gunshot sounds, Bird B Gone Chemical application and air horns with little lasting 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 for all the coots that are causing damage to the areas of concern and also 10% of the Canada geese that are causing damage. All removed waterfowl will be disposed of by all applicable laws.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) Telephone: (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> Red Rock Country Club 3054 Red Springs Drive Las Vegas, NV, 89135 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (702) 428-5649	2. LOCATION OF DAMAGE Red Rock Country Club
3. COUNTY Clark	4. STATE Nevada

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 issue and fecal matter on sidewalks and club house area.	C. NATURE OF DAMAGE Feeding on greens and fecal matter on pathways.
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annually report damage to greens, ponds and fairways.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 30,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage	E. DATE ASSISTANCE REQUEST RECEIVED June 18, 2009	F. DATE OF INVESTIGATION June 18, 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	1,000	Coot numbers remain high especially during the migration period and most disperse by spring. Year around damage occurs by Canada geese to property by a resident population.
2. Canada goose	25	
3. Mallards	50	
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED
 Direct Control Equipment Other (specify) Alpha- chloralose
 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/nest destruction, A-C through WS

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Personnel have used dogs, personal golf carts and habitat manipulation. WS aides in reducing the Canada geese, Mallard and coot numbers by using A-C and lethal control when needed.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued for removal of 25% of the Canada geese in conjunction with non-lethal methods. WS also recommends the removal of all coots that are causing damage. All species removed will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> (b)(6) TELEPHONE <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;"></div> (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> Silver Stone Golf Club ATTN: (b)(6) 6820 Grand Teton Las Vegas, NV 89131 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 396-0194	2. LOCATION OF DAMAGE 6820 Grand Teton Las Vegas, NV, 89131
3. COUNTY Clark	4. STATE Nevada

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 Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$10,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED May 7, 2009	F. DATE OF INVESTIGATION May 7, 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	1000	
2. Canada geese	300	
3.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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 ATTEMPTES, RESULTS, and COMMENTS: Cooperator utilizes harassment and hazing techniques as well as habitat manipulation to deter waterfowl.

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 for the removal of up to 60 Canada geese, and all American coots causing damage to the areas of concern. All removed waterfowl will be disposed of by applicable laws.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Southern Highlands Golf Course ATTN Turf Care Center (b)(6) #1 Robert Trent Jones Lane Las Vegas, NV 89141 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 400-6736	2. LOCATION OF DAMAGE same
3. COUNTY Clark	4. STATE Nevada

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 Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$30,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED July 13, 2009	F. DATE OF INVESTIGATION July 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. American coots	4000	
2.		
3.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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 ATTEMPTES, RESULTS, and COMMENTS: Cooperator uses habitat manipulation and dogs. Cooperator installed shoreline barrier on ponds with no noted 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 for the removal of up to 400 coots that are causing damage to the areas of concern. All removed waterfowl will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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> Spanish Trail Golf Country Club 5050 Spanish Trail Lane Las Vegas, Nevada 89113 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 367-4488	2. LOCATION OF DAMAGE Spanish Trail Golf Course
	3. COUNTY Clark
	4. STATE Nevada

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 issue and fecal matter on sidewalks and club house area.	C. NATURE OF DAMAGE Feeding on greens and fecal matter on pathways

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annually report damage to greens and fairways.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$13,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage	E. DATE ASSISTANCE REQUEST RECEIVED 7/13/09	F. DATE OF INVESTIGATION July 13, 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 Coot	900	Coot numbers remain high especially during the migration period and most disperse by spring. Year around damage occurs by Canada geese to property by a resident population.
2. Canada goose	75 to 125	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Other (specify) Alpha-chloralose <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) Egg/nest destruction, A-C through WS		
C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Personnel have used pyrotechnics, personnel, golf carts, border collies and partial water hazard barriers. WS aides in reducing the Canada geese and coot numbers by using A-C and lethal control when needed.		

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 for 25% of the Canada geese in conjunction with non-lethal methods. WS also recommends the removal of all coots that are causing damage. All removed will be disposed of by all applicable laws.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> (b)(6) TELEPHONE (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

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Reno/Tahoe International Airport Airport Authority of Washoe County PO Box 12490 Reno, Nevada 89510-2490</p> <p>TELEPHONE : Home <input checked="" type="checkbox"/> Work 775- 328-6407</p>	<p>2. LOCATION OF DAMAGE Residence house (see #1 address)</p>
<p>3. COUNTY Washoe</p>	<p>4. STATE Nevada</p>

5. RESOURCE

<p>A. RESOURCE CATEGORY</p> <p><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 Human health and safety issues</p>	<p>C. NATURE OF DAMAGE Threat of a wildlife strike</p>
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6. DAMAGE ESTIMATE

<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Human health & safety threat</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: NA</p>	<p>C. LOSS CONFIRMED BY WS</p> <p><input checked="" type="checkbox"/> Yes No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE This is a year around threat for the airport</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED 2/14/09</p>	<p>F. DATE OF INVESTIGATION 07/01/08-2/17/09</p>	<p>G. INVESTIGATION TYPE</p> <p><input checked="" 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. All migratory birds except eagles & T&E species	(as needed)	Year around threat with increased risk seasonally
2. Raptors (trap & relocate)	(10-15)	
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

Direct Control Equipment 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/nest destruction

C. METHODS ATTEMPTED, RESULTS, COMMENTS: Airport operations have tried various types of harassment techniques including cracker shells. They have modified habitat by keeping the grass mowed, converting open waterways to covered systems, and graveling the infield. The airport has also contracted with USDA/Wildlife Services to help minimize problems with birds and other wildlife. This has been an ongoing problem in the past and will require ongoing management in the future. Exclusion system is design phase to reduce need to remove swallow nests.

9. DEPREDATION PERMIT

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

All shooting will be conducted with non toxic shot. Animal carcasses will be disposed IAW applicable laws/ordinances and regulations.

<p>10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i></p> <p>(b)(6) Certified Airport Biologist (b)(6) TELEPHONE (b)(6)</p>	<p>12. FOR USE BY DEPREDATION PERMIT AGENCY</p>
<p>11. WS INVESTIGATOR'S SIGNATURE:</p>	

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)*
Creech Air Force Base
ATTN:

Las Vegas, NV 89???
TELEPHONE Home Work 702

2. LOCATION OF DAMAGE

3. COUNTY
Clark

4. STATE
Nevada

5. RESOURCE

A. RESOURCE CATEGORY

- Agricultural Natural Resource
 Property Human health safety

B. SPECIFIC RESOURCE(S) DAMAGED

C. NATURE OF DAMAGE

6. DAMAGE ESTIMATE

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

B. DOLLAR LOSS *(if available)*

- Per Unit
 Total Approx.: \$

C. LOSS CONFIRMED BY WS

- Yes No

D. DURATION /TIME PERIOD OF DAMAGE
Damage is year round

E. DATE ASSISTANCE REQUEST RECEIVED
September 23, 2009

F. DATE OF INVESTIGATION

G. INVESTIGATION TYPE
 Site Visit Telephone
 Letter Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES

B. NUMBER INVOLVED

C. COMMENTS

1. Common Raven

30-40

2. Common Nighthawk

40-50

3.

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

- Direct Control Equipment 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, and COMMENTS;

9. DEPREDATION PERMIT

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

WS recommends a permit be issued for the removal of up to Canada geese, and all American coots causing damage to the areas of concern. All removed waterfowl will be disposed of by applicable laws.

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

(b)(6)

TELEPHONE (b)(6)

11. WS INVESTIGATOR'S SIGNATURE:

12. FOR USE BY DEPREDATION PERMIT AGENCY

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> Flamingo Hilton Las Vegas 3555 Las Vegas Blvd. South Las Vegas, NV, 89109 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (702) 733-3349	2. LOCATION OF DAMAGE Flamingo Hilton Las Vegas Resort		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Clark</td> <td style="width:50%;">4. STATE Nevada</td> </tr> </table>	3. COUNTY Clark	4. STATE Nevada
3. COUNTY Clark	4. STATE Nevada		

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 Landscaping, walkways, swimming pools	C. NATURE OF DAMAGE Consumption of processed feed. Fecal contamination of water features (including swimming pools) and public walkways.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 1 acre of multi-tiered pond, 6 acres of surrounding habitat.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 16,800	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

D. DURATION /TIME PERIOD OF DAMAGE Year-round	E. DATE ASSISTANCE REQUEST RECEIVED July 13, 2009	F. DATE OF INVESTIGATION July 13, 2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other
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7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1 Mallard	500	Property holds localized population which continues to nest, rear young and damage property. This population segment is tolerated under/outside Wildlife Services A-C use restrictions (e.g. 30 days prior to and during legal hunting seasons).
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Other (specify) Relocation of Mallards with Alpha- chloralose by Wildlife Services personnel. <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) Egg/nest destruction, A-C through WS	
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C. METHODS ATTEMPTED, RESULTS, and COMMENTS; Wildlife Services aids in reducing mallard numbers using A-C regularly, excluding while under use restrictions, in order to keep the damage to a minimum. Due to presence of owned wildlife, habitat placement, tourism and resort dynamics no alternative hazing or removal efforts are available/reasonable outside of A-C use restrictions.

9. DEPREDATION PERMIT	
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WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to remove 250 mallards in conjunction with WS nonlethal relocation methods. All mallards euthanized will be disposed of by incineration at an approved facility.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (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: (b)(6) ADDRESS: (b)(6) (b)(6) TELEPHONE: Home : none Work : NA	2. LOCATION OF DAMAGE (b)(6)
	3. COUNTY Washoe
	4. STATE NV

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 Wood siding on house, and insulation damage. Amsco window screens on aluminum frames damaged.	C. NATURE OF DAMAGE Holes in siding caused by wood peckers. Also damage to insulation and screens caused by pecking and pulling.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (<i>Pounds, acres, each, etc.</i>) Approximately two thousand dollars/year One whole wall of the house. (Approximately 15-20 foot) Also causing damage to R-max insulation, and Amsco window screens.	B. DOLLAR LOSS (<i>if available</i>) <input type="checkbox"/> Per Unit <input type="checkbox"/> Total Approx.: \$2,000/year	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE March - June	E. DATE ASSISTANCE REQUEST RECEIVED 04-01-09	F. DATE OF INVESTIGATION 04-22-09	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. northern flicker	3-5	Home owner has more than one pair of northern flickers causing damage to his house.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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 type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Egg/nest destruction		

C. METHODS ATTEMPTED, RESULTS, COMMENTS Home owner has tried harassment to the best of his ability but has a health condition which makes it very difficult to haze effectively.
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9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 All shooting will be conducted with non toxic shot. Animal carcasses will be disposed of using proper methodology.

10. WS INVESTIGATOR NAME AND ADDRESS (b)(6) (b)(6) TELEPHONE (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> Lockwood Regional Landfill 1390 Canyon Way Reno, NV 89512 TELEPHONE <input checked="" type="checkbox"/> Office Fax 775-342-0101	2. LOCATION OF DAMAGE At Landfill and the adjacent areas.
	3. COUNTY Storey
	4. STATE NV

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 Droppings on site cause for concern to property, human health/ Safety and disruption of landfill operations.	C. NATURE OF DAMAGE Dropping and presence at the landfill lead to potential disease vector.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Each (Landfill site and adjacent areas.)	B. DOLLAR LOSS <i>(if available)</i> <input checked="" type="checkbox"/> Per Unit <input type="checkbox"/> Total \$ 4,000.00	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.	E. DATE ASSISTANCE REQUEST RECEIVED May 11, 2008	F. DATE OF INVESTIGATION May 12, 2009	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other
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7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES California and Ring-billed Gulls.	B. NUMBER INVOLVED 2,500-3,000	C. COMMENTS This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), displaying of dead gulls as a scare device and exploding cannons have been used to disrupt gull activity.

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" 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) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Egg/nest destruction		

C. METHODS ATTEMPTED, RESULTS, COMMENTS: Altering of habitat (daily), displaying of effigies (periodically) and exploding cannons (daily).

9. DEPREDATION PERMIT

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

That the land fill continue to use a wide variety of non-lethal methods. WS recommends removing gulls (both species) until the damage has stopped. WS also recommends gull removal with a shotgun using non-toxic (steel) shot shell. It is also recommended that WS be added to the depredation permit.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> (b)(6) TELEPHONE (AC) <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;"></div> (b)(6) <div style="background-color: gray; width: 350px; height: 50px; margin-top: 10px;"></div> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
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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> Lockwood Regional Landfill 1390 Canyon Way Reno, NV 89512 TELEPHONE <input checked="" type="checkbox"/> Office Fax 775-342-0101	2. LOCATION OF DAMAGE At Landfill and the adjacent areas.		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Storey</td> <td style="width:50%;">4. STATE NV</td> </tr> </table>	3. COUNTY Storey	4. STATE NV
3. COUNTY Storey	4. STATE NV		

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 Droppings on site cause for concern to property, human health/ Safety and disruption of landfill operations.	C. NATURE OF DAMAGE Dropping and presence at the landfill lead to potential disease vector.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Each (Landfill site and adjacent areas.)	B. DOLLAR LOSS <i>(if available)</i> <input checked="" type="checkbox"/> Per Unit <input type="checkbox"/> Total \$ 4,000.00	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.	E. DATE ASSISTANCE REQUEST RECEIVED May 11, 2008	F. DATE OF INVESTIGATION May 12, 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
California and Ring-billed Gulls.	2,500-3,000	This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), displaying of dead gulls as a scare device and exploding cannons have been used to disrupt gull activity.

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" 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) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) Egg/nest destruction		

C. METHODS ATTEMPTED, RESULTS, COMMENTS: Altering of habitat (daily), displaying of effigies (periodically) and exploding cannons (daily).

9. DEPREDATION PERMIT

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

That the land fill continue to use a wide variety of non-lethal methods. WS recommends removing gulls (both species) until the damage has stopped. WS also recommends gull removal with a shotgun using non-toxic (steel) shot shell. It is also recommended that WS be added to the depredation permit.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (AC) (b)(6) (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
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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> Nye County Road Department P.O. Box 887 Tonapah, Nevada 89049 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775.482.8128	2. LOCATION OF DAMAGE Nye County Landfill
	3. COUNTY Nye
	4. STATE Nevada

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" 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 Human Health and safety issues (including vector control) with ravens causing fecal damage upon equipment and machinery.	C. NATURE OF DAMAGE Ravens have left fecal deposits on equipment that is problematic for employees. Ravens also take trash from the landfill and deposit it and corresponding pathogens to other locations.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Annually reports \$ 5,000.00 worth of damage.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$5,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year 'round damage, peaking during the fall and winter months.	E. DATE ASSISTANCE REQUEST RECEIVED 7/07/09	F. DATE OF INVESTIGATION n/a	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	450	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <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) Egg/nest destruction		
C. METHODS ATTEMPTED, RESULTS, and COMMENTS: The landfill has tried various acoustic/motor/physical harassment, achieving very minimal 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 for removal of offending Common Ravens w/use of non-toxic shot. All Ravens removed will be disposed of by all applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
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