

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Desert Princess Country Club 28211 Desert Princess Dr. Cathedral City, CA 92234 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> At or near Vista Chino / Landau Streets	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 322-5227		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Golf Course, lake edge, public health and safety	<b>C. NATURE OF DAMAGE</b> Consumption of grass on greens, fairways, and lake edges. Droppings on turf and cart paths creating a health hazard to golf course patrons and employees.

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens and fairways, and to clean up droppings	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit    12,000 <input checked="" type="checkbox"/> Total        \$	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Nov - May	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1-13-09	<b>F. DATE OF INVESTIGATION</b> 1-13-09	<b>G. INVESTIGATION TYPE</b> <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	300	Permit Renewal PRT #736611
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 pyrotechnics and poor results with scarecrows, human harassment, remote controlled boat, and habitat management.

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 permit be issued to take 200 American coots by shooting, trapping, or Alpha chloralose tranquilizing agent. Coots captured or tranquilized should be humanely euthanized via carbon dioxide inhalation. Alpha chloralose can only be administered by USDAAPHIS/WS personnel, or pest control operators certified in its use. Lethal control efforts should be supplemented by an active hazing/harassment program to deter coots from remaining on the property. Applicant should also consider the use of a trained dog to harass waterfowl from areas of concern.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Desert Willow Golf Course 38995 Desert Willow Dr. Palm Desert, CA 92260		<b>2. LOCATION OF DAMAGE</b> 38995 Desert Willow Dr. Palm Desert, CA 92260	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-346-6512		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 3500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/23/09	<b>F. DATE OF INVESTIGATION</b> 6/23/09	<b>G. INVESTIGATION TYPE</b> <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	2000	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED				
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> 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 habitat alterations, human harassment, pyrotechnics, discourage nesting, habitat alteration, using dogs to harass birds, and over head wire for barriers.

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 900 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.

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> California Department of Fish and Game (b)(6) 4949 Viewridge Avenue San Diego, CA 92123		<b>2. LOCATION OF DAMAGE</b> Bolsa Chica Ecological Reserve Venice Beach Upper Newport Bay Ecological Reserve	
<b>3. COUNTY</b> Orange and Los Angeles		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-467-4208			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural Property <input checked="" type="checkbox"/> Natural Resource Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> California Least Tern, Western Snowy Plover, Light-footed Clapper Rail, Belding's Savannah Sparrow	<b>C. NATURE OF DAMAGE</b> Predation on threatened/endangered species

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Chicks, eggs, and adults	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$ 50,000+	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 10/10/10	<b>F. DATE OF INVESTIGATION</b> 1/6/11	<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Other email

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gull	80	Raven-16, Great Egret-4, Great Blue Heron-10, Black-crowned Night Heron-4, Northern Harrier-8, Cooper's Hawk-8, Red-tailed Hawk-8, American Kestrel-8, Peregrine Falcon-2, Great Horned Owl-4, Burrowing Owl-4, Barn Owl-4, Short-eared owl-2, Loggerhead Shrike-2,
2. CA Gull	30	
3. Ring-billed Gull	16	
4. Heermann's Gull	16	
5. Crow	30	

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input 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**  
 Pyrotechnics and effigies have been successful to deter Peregrine Falcons. Effigies have been used to deter gulls and crows.

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

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

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

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Replacement costs of fish and labor costs associated with exclusionary devices, habitat modifications, and harassment.		<b>B. DOLLAR LOSS</b> <i>(if available)</i> † Per Unit <input checked="" type="checkbox"/> Total <b>\$30,000</b>	<b>C. LOSS CONFIRMED BY WS</b> † Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/10/11	<b>F. DATE OF INVESTIGATION</b> 1/10/11	<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 75 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Fairbanks Ranch Country Club P.O. Box 8586, 15150 San Dieguito Rd. Rancho Santa Fe, CA 92067		<b>2. LOCATION OF DAMAGE</b> 15150 San Dieguito Rd. Rancho Santa Fe, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-605-3208		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens and fairways, and to clean up droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$    64,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept - Apr	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 2/1/11	<b>F. DATE OF INVESTIGATION</b> 2/1/11	<b>G. INVESTIGATION TYPE</b> <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	2,000	Permit Renewal PRT# 689993. Request for additional birds on permit already issued.
2.		
3.		
4.		
5.		

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b>				
<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>B. RECOMMENDED ACTION(S)</b>				
<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, but temporary results with human harassment, pyrotechnics, scarecrows, falconry, and repellants in deterring coots.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     No

If "YES" suggested conditions of permit:

WS recommends permit be issued to take 350 American coots by shooting, trapping, or Alpha chloralose tranquilizing agent. Coots captured or tranquilized should be humanely euthanized via carbon dioxide inhalation. Alpha chloralose can only be administered by USDAAPHIS/WS personnel, or pest control operators certified in its use. Lethal control efforts should be supplemented by an active hazing/harassment program to deter coots from remaining on the property.

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

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) Commander Navy Region Southwest Environmental Dept (Code N45RN.TC) 33000 Nixie Way, Building 50, Suite 326 San Diego, CA 92147 Attn: (b)(6)		2. LOCATION OF DAMAGE Naval Air Station North Island, Naval Amphibious Base Coronado, and Naval Radio Receiving Facility (Collectively known as Naval Base Coronado, San Diego County, CA)	
3. TELEPHONE: <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 619-545-3703		3. COUNTY San Diego	4. STATE CA

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural Property <input checked="" type="checkbox"/> Natural Resource Human Health/Safety	B. SPECIFIC RESOURCE(S) DAMAGED T&E Species: CA Least Terns and Western Snowy Plovers.	C. NATURE OF DAMAGE Predation on Tern and Plover chicks and eggs.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.) Predation on Chicks and Eggs.	B. DOLLAR LOSS (if available) <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$522,169	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE March-September	E. DATE ASSISTANCE REQUEST RECEIVED 1/27/11	F. DATE OF INVESTIGATION 2/1/11
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. Gull-Billed Tern	151	Permit for protection of T&E species, CA Least Terns, and Western Snowy Plover. Gull-billed terns were a primary factor in poor reproductive success of CA Least terns and western snowy plover. The number of Gull-billed terns is the number of documented predation incidents of CA least terns and western snowy plovers. This number includes chicks, adults, nests, and eggs.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input checked="" type="checkbox"/> Other (specify) predator management at nesting sites	
9. 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)	

10. METHODS ATTEMPTED, RESULTS, COMMENTS  
 Applicant reports poor results with the use of pyrotechnics, human harassment, and exclusionary devices (i.e. wire wickets, fencing, wooden stakes). The cooperators also uses site preparation, research, banding, and restricts people from nesting areas. Gull billed terns were the primary factor in poor reproductive success of T&E species.

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

12. WS INVESTIGATOR NAME AND ADDRESS (Print)		13. FOR USE BY DEPREDAATION PERMIT AGENCY	
(b)(6) Assistant District Supervisor 9380 Bond Avenue Suite A El Cajon, CA 92021 TELEPHONE NUMBER: 619-561-3752			

14. 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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Golden Rain Foundation P.O. BOX 2220 Laguna Hills, CA 92654 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Laguna Hills Golf Club	
<b>3. COUNTY</b> Orange		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    949-837-4248			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 2/23/11	<b>F. DATE OF INVESTIGATION</b> 2/23/11
<b>G. INVESTIGATION TYPE</b> <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	45	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 scarecrows, habitat alteration, human and dog harassment, and exclusion. 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: Recommend a permit to be issued to remove 50 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.	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)

Lakefront at Mission Hills  
17 Wimbledon Dr.  
Rancho Mirage, CA 92270

(b)(6)

2. LOCATION OF DAMAGE

17 Wimbledon Dr.  
Rancho Mirage, CA 92270

3. COUNTY: Riverside  
4. STATE: CA

TELEPHONE:  Home  Work

5. RESOURCE

A. RESOURCE CATEGORY:  Agricultural  Natural Resource  Property  Human Health/Safety  
B. SPECIFIC RESOURCE(S) DAMAGED: Turf and grass  
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 (Pounds, acres, each, etc.): Labor costs to reseed and replace turf and grass  
B. DOLLAR LOSS (if available):  Per Unit  Total \$ 1500  
C. LOSS CONFIRMED BY WS:  Yes  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:  Site Visit  Telephone  Letter  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:  Direct Control  Technical Assistance  Equipment Loan  Supplies  Other (specify)  
B. RECOMMENDED ACTION(S):  Harassment or hazing techniques  Lethal trapping  Trap and relocate  Alpha Chloralose  Habitat alteration and/or barriers  Shooting  Other (specify)

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

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED:  Yes  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 (Print)

(b)(6)  
USDA/APHIS/WS  
9380 Bond Ave. suite A  
El Cajon, CA 92021

TELEPHONE NUMBER: (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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Legacy Homeowners Association-Mission Hills Country Club 291 Loch Lomand Dr. Rancho Mirage, CA 92270 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Legacy Way, Loch Lomand Dr., Royal St. Georges Way. All homes and common areas in this location.	
TELEPHONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work    760-202-4531		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

**5. RESOURCE**

<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Grass, turf, human health and safety	<b>C. NATURE OF DAMAGE</b> Consuming grass and turf. Fecal build up on sidewalks and recreation areas
--	--	--

**6. DAMAGE ESTIMATE**

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/18/11	<b>F. DATE OF INVESTIGATION</b> 3/21/11	<b>G. INVESTIGATION TYPE</b> <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**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Cooperator has used several different harassment methods, mylar tape and balloons, habitat alteration, and nylon strings covering the surface of ponds. None of these non lethal methods have been successful to deter birds from damaging property.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     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 an active hazing/harassment program to deter coots from remaining on property.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> MCAS Miramar Environmental Management Department P.O. BOX 452001 San Diego, CA 92145 (b)(6)		<b>2. LOCATION OF DAMAGE</b> MCAS Miramar	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-577-6498		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Air hangers and aircraft	<b>C. NATURE OF DAMAGE</b> Droppings and debris in aircraft hangers

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Clean up costs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$5,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 2/4/11	<b>F. DATE OF INVESTIGATION</b> 2/4/11	<b>G. INVESTIGATION TYPE</b> <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	15	
2. Barn Owls	5	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate    nest/egg removal <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> The cooperater uses human harassment to deter the birds from nesting in the hangers, but there has been very 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 permit be issued to take (lethal/non-lethal) 10 ravens and 3 barn owls from the hangers and buildings located on base. Nest/egg removal should also be allowed to prevent equipment damage and human health/safety risk. 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 CA Fish & Game and USFWS. Non-active nests should be removed during non nesting season.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Country Club 34600 Mission Hills Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 34600 Mission Hills Drive Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-202-4531			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 5000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/18/11	<b>F. DATE OF INVESTIGATION</b> 3/21/11
<b>G. INVESTIGATION TYPE</b> <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 Coots	6000	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment, dogs, reflectors, boats, and pyrotechnics with little success.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 500 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Vista Del Sol 10408 Sunningdale Dr. Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 10408 Sunningdale Dr. Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work	760-324-1975		

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/18/11	<b>F. DATE OF INVESTIGATION</b> 3/21/11
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Cooperator has used human harassment, dogs, air planes, boats, 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Vista Grande 813 Inverness Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Vista Grande 813 Inverness Drive Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 321-1961			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/18/11	<b>F. DATE OF INVESTIGATION</b> 3/21/11
<b>G. INVESTIGATION TYPE</b> <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 Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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"/> X 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Tennis IV (b)(6) 415 Sunningdale Rancho Mirage, CA 92270		<b>2. LOCATION OF DAMAGE</b> 415 Sunningdale Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-328-2091		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

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

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Tennis Villas I & II 123 Racket Club Drive Rancho Mirage, CA 92270  (b)(6)		<b>2. LOCATION OF DAMAGE</b> 123 Racket Club Drive Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-770-7115			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/18/11	<b>F. DATE OF INVESTIGATION</b> 3/21/11
<b>G. INVESTIGATION TYPE</b> <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 Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Cooperator has used human harassment, dogs, RC cars and boats, reflectors, scarecrows, habitat alteration, and pyrotechnics with little success.

9. DEPREDATION PERMIT
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Commander Navy Region Southwest Environmental Dept (Code N45RN.TC) 33000 Nixie Way, Building 50, Suite 326 San Diego, CA 92147 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Naval Air Station, North Island Outlying Airfield Imperial Beach, Imperial Beach	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-545-3703		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Human Health and Safety Hazard. Damage to military aircraft	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit    30,000 <input checked="" type="checkbox"/> Total    \$	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/9/11	<b>F. DATE OF INVESTIGATION</b> 3/9/11
<b>G. INVESTIGATION TYPE</b> <input checked="" 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. Migratory Birds		Renew Permit # MB746332-0
2.		Primary birds being removed are waterfowl, raptors, crows, ravens, gulls, pigeons, egrets, and herons.
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <input checked="" 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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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	
WS RECOMMENDED 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 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, lethal and live traps. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or a FDA approved pest control operator. Recommend permit allow USDA Wildlife Services employees to trap and relocate migratory birds to assure aircraft safety. Permit should allow for the use of Bal-chatri traps, pole traps, and Goshawk traps to capture raptors. Lethal removal of raptors (including BCC) should also be allowed if trapping is unsuccessful or immediate removal is necessary. Wildlife Services should be allowed to take birds to rehabilitators for temporary care and holding before they are relocated.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Commander Navy Region Southwest Environmental Dept (Code N45RN.TC) 33000 Nixie Way, Building 50, Suite 326 San Diego, CA 92147 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Naval Air Station North Island, Naval Amphibious Base Coronado, and Naval Radio Receiving Facility (Collectively known as Naval Base Coronado, San Diego County, CA)	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-545-3703		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural Property <input checked="" type="checkbox"/> Natural Resource Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> T&E Species: CA Least Terns and Western Snowy Plovers.	<b>C. NATURE OF DAMAGE</b> Predation on Tern and Plover chicks and eggs.

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Predation on Chicks and Eggs.	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$522,169</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> March-September	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/27/11	<b>F. DATE OF INVESTIGATION</b> 2/1/11
<b>G. INVESTIGATION TYPE</b> <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. Gull-Billed Tern	151	Permit for protection of T&E species, CA Least Terns, and Western Snowy Plover. Gull-billed terns were a primary factor in poor reproductive success of CA Least terns and western snowy plover. The number of Gull-billed terns is the number of documented predation incidents of CA least terns and western snowy plovers. This number includes chicks, adults, nests, and eggs.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input checked="" type="checkbox"/> Other (specify) predator management at nesting sites	
<b>B. RECOMMENDED ACTION(S)</b> <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)	

<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant reports poor results with the use of pyrotechnics, human harassment, and exclusionary devices (i.e. wire wickets, fencing, wooden stakes). The cooperater also uses site preparation, research, banding, and restricts people from nesting areas. Gull billed terns were the primary factor in poor reproductive success of T&E species.
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9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	

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





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)  <b>ASC DET1 Air Force Plant 42 dba Government</b> <b>ATTN: Environmental Office</b> <b>2503 East Ave P Palmdale, CA 93550</b>  TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    AC: (    )	2. LOCATION OF DAMAGE  <b>Palmdale Regional/USAF Plant 42 (PMD)</b>
3. COUNTY  <b>Los Angeles</b>	4. STATE  <b>CA</b>

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  <b>human health and safety</b>	C. NATURE OF DAMAGE  <b>Bird strikes to aircraft and possible human death</b>

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)  <b>Potential bird strikes affecting humans and aircraft.</b>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE  <b>year round</b>	E. DATE ASSISTANCE REQUEST RECEIVED  <b>2/3/2011</b>	F. DATE OF INVESTIGATION  <b>2/3/2011</b>
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. <b>All Migratory birds</b>		<b>Bird strike risk to aircraft is significant.</b>
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input checked="" 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 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, and trapping.**

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 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>Dennis Orthmeyer</b> <b>USDA Wildlife Services- State Director</b> <b>3419 A Arden Way, Sacramento, CA 95825</b> TELEPHONE AC: ( <b>916 979-2675</b> )	12. FOR USE BY DEPREDATION PERMIT AGENCY  <div style="border: 1px solid black; height: 100px;"></div>
11. ADC INVESTIGATOR'S SIGNATURE	

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 if appropriate</i> )  <b>ASC DET1 Air Force Plant 42 dba Government</b> <b>ATTN: Environmental Office</b> <b>2503 East Ave P Palmdale, CA 93550</b>  TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    AC: (    )	2. LOCATION OF DAMAGE  <b>Palmdale Regional/USAF Plant 42 (PMD)</b>  3. COUNTY    4. STATE <b>Los Angeles    CA</b>
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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 <b>human health and safety</b>	C. NATURE OF DAMAGE <b>Bird strikes to aircraft and possible human death</b>

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE ( <i>Pounds, acres, each, etc.</i> ) <b>Potential bird strikes affecting humans and aircraft.</b>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE <b>year round</b>	E. DATE ASSISTANCE REQUEST RECEIVED <b>2/3/2011</b>	F. DATE OF INVESTIGATION <b>2/3/2011</b>
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. <b>All Migratory birds</b>		<b>Bird strike risk to aircraft is significant.</b>
2.		
3.		
4.		

8. ADC ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input checked="" 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 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, and trapping.**

9. DEPREDAATION 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 ( <i>Print</i> )  <b>Dennis Orthmeyer</b> <b>USDA Wildlife Services- State Director</b> <b>3419 A Arden Way, Sacramento, CA 95825</b> TELEPHONE AC: ( <b>916 979-2675</b> ) 11. ADC INVESTIGATOR'S SIGNATURE	12. FOR USE BY DEPREDAATION 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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Naval Base Ventura County Point Mugu, Environmental Division 311 Main Road Point Mugu, CA 93042 Martin Ruane		<b>2. LOCATION OF DAMAGE</b> Naval Base Ventura County Point Mugu	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-989-3808		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

**5. RESOURCE**

<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Human Health/Safety, military aircraft	<b>C. NATURE OF DAMAGE</b> Bird strike hazard
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**6. DAMAGE ESTIMATE**

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Human health and safety, damage to military aircraft. 37 bird strikes in 2010.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$300,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 2/7/2011	<b>F. DATE OF INVESTIGATION</b> 2/7/2011	<b>G. INVESTIGATION TYPE</b> <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	5000+	Amendment
2.		
3.		
4.		
5.		

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)				
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> This Form 37 is to amend a current Bird Depredation Permit for Navy Base Ventura County. It includes the use of Alpha Chloralose to remove Coots from the airfield.				

**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 500 coots by shooting or trapping/ethanizing 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Naval Base Ventura County Point Mugu, Environmental Division 311 Main Road Point Mugu, CA 93042 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Naval Base Ventura County Point Mugu	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-989-3808		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Human Health/Safety, military aircraft	<b>C. NATURE OF DAMAGE</b> Bird strike hazard

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Human health and safety, damage to military aircraft. 37 bird strikes in 2010.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$300,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/12/11	<b>F. DATE OF INVESTIGATION</b> 1/12/11
<b>G. INVESTIGATION TYPE</b> <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. Migratory Birds		Most common species are waterfowl, raptor, vultures, gulls, and various black birds.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED				
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Applicant has used lethal and non-lethal methods to manage bird strikes at the airport. Habitat management, pyrotechnics, air cannons, human harassment, trapping, and shooting have all reduced the BASH risk. Wildlife Services provides a BASH program at the airport.

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 (lethal/non-lethal) migratory birds that present a BASH hazard to human health and safety and military aircraft by trapping, shooting, or relocating. Nest/egg removal should also be allowed to prevent equipment damage and human health/safety risk. 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 CA Fish & Game and USFWS. Non-active nests should be removed during non nesting season. Trapping tools should include pole traps, bal-chatri, pigeon harness, bow nets, and goshawk traps.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Naval Base Ventura County Point Mugu Environmental Division 311 Main Road Point Mugu, CA 93042 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Naval Base Ventura County (NVBC) Point Mugu	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-989-3808		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

**5. RESOURCE**

<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural Property <input checked="" type="checkbox"/> Natural Resource Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> CA Least Tern, Western Snowy Plover, Light Footed Clapper Rail	<b>C. NATURE OF DAMAGE</b> Predation on chicks, adults, eggs
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**6. DAMAGE ESTIMATE**

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Adults, chicks, eggs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 100,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> March-September	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/12/11	<b>F. DATE OF INVESTIGATION</b> 1/12/11
<b>G. INVESTIGATION TYPE</b> <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 horned owl	7	
2.	Red-tailed hawk	9	
3.	Peregrine falcon	2	
4.	ravens	4	
5.	Kestrels	6	

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input 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**  
 Applicant has reported good to fair results with lethal control, trapping, enclosures, habitat modifications, and non-lethal harassment in previous years. The results have varied each year depending on bird species, nesting success, and available methods used.

**9. DEPREDAATION PERMIT**

<b>WS RECOMMENDED PERMIT BE ISSUED:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:
(Empty space for suggested conditions of permit)

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> San Diego Landfill Systems 8514 Mast Blvd. Santee, CA 92071 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Otay Landfill Ramona Landfill Sycamore Landfill	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-449-9579			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> X Property <input checked="" type="checkbox"/> X Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Landfills	<b>C. NATURE OF DAMAGE</b> Birds detrimental to surrounding properties and human health/safety issue

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Employee hours, manpower time and power to harass and equipment	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total        \$ 34,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/4/11	<b>F. DATE OF INVESTIGATION</b> 1/4/11
<b>G. INVESTIGATION TYPE</b> <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. Western Gulls	485	Renew permit # MB807538-0
2. Ravens	35	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> x Harassment or hazing techniques <input checked="" type="checkbox"/> X Lethal trapping <input checked="" type="checkbox"/> X Trap and relocate <input checked="" type="checkbox"/> X Habitat alteration and/or barriers <input checked="" type="checkbox"/> X Shooting <input type="checkbox"/> Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Reports good results with pyrotechnics and mylar tape/balloons at different sites.	

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be issued to lethally take 225 Western gulls and 20 ravens. Lethal methods to be used are shooting or trapping/euthanizing. Permit should also include an active hazing/harassment program to deter birds from the properties.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Lake Mission Viejo Association 22655 Olympiad Rd Mission Viejo, CA 92692		<b>2. LOCATION OF DAMAGE</b> 22655 Olympiad Rd Mission Viejo, CA 92692	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    949-770-1313		<b>3. COUNTY</b> Orange	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Recreational lake	<b>C. NATURE OF DAMAGE</b> Droppings in recreational lake with swimming, fishing, and boating. Damage to turf and grass.

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Costs to clean lake and water treatment	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit Total    \$	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 12/22/09	<b>F. DATE OF INVESTIGATION</b> 12/22/09	<b>G. INVESTIGATION TYPE</b> <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	3000	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)
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**C. METHODS ATTEMPTED, RESULTS, COMMENTS**  
 The cooperators 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 fair to 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/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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Monarch Beach Golf Club 50 Monarch Beach Resort Dr. North Dana Point, CA 92629 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 50 Monarch Beach Resort Dr. North Dana Point, CA 92629	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    949-279-1918		<b>3. COUNTY</b> Orange	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$20,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/22/09	<b>F. DATE OF INVESTIGATION</b> 7/22/09	<b>G. INVESTIGATION TYPE</b> <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	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> 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)
--

<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant reports poor results with human harassment.
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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/ethanizing 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mountain/Dunes 51-001 Avenida Carranza La Quinta, Ca 92253 ATTN: Dean Miller		<b>2. LOCATION OF DAMAGE</b> 51-001 Avenida Carranza La Quinta, Ca 92253	
		<b>3. COUNTY</b>	<b>4. STATE</b>
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-564-7863		San Diego	CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b>	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b>	<b>C. NATURE OF DAMAGE</b>
<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		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i>	<b>B. DOLLAR LOSS</b> <i>(if available)</i>	<b>C. LOSS CONFIRMED BY WS</b>
Costs to reseed grass/turf and labor costs	<input type="checkbox"/> Per Unit Total <b>\$10,000</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b>	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b>	<b>F. DATE OF INVESTIGATION</b>
September-April	6/24/09	6/24/09
		<b>G. INVESTIGATION TYPE</b>
		<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. MB133638
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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: <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/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.	

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

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)

Commander Navy Region Southwest  
Environmental Dept (Code N45RN.TC)  
33000 Nixie Way, Building 50, Suite 326  
San Diego, CA 92147

Attn: (b)(6)

TELEPHONE  Home  Work 619-545-3703

2. LOCATION OF DAMAGE

Naval Air Station, North Island  
Outlying Airfield Imperial Beach, Imperial Beach

3. COUNTY

San Diego

4. STATE

CA

5. RESOURCE

A. RESOURCE CATEGORY

B. SPECIFIC RESOURCE(S) DAMAGED

C. NATURE OF DAMAGE

Agricultural  Natural Resource  
 Property  Human Health/Safety

Human Health and Safety/ Aircraft

Bird strike hazard.

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

Human Health and Safety Hazard. Damage to military aircraft

Per Unit  
 Total \$ 107,166

Yes  No

D. DURATION/TIME PERIOD OF DAMAGE

E. DATE ASSISTANCE REQUEST RECEIVED

F. DATE OF INVESTIGATION

G. INVESTIGATION TYPE

Year round

4/29/09

4/29/09

Site Visit  Telephone  
 Letter  Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES

B. NUMBER INVOLVED

C. COMMENTS

1. Migratory Birds

Renew Permit # MB746332-0

2.

Primary birds being removed are waterfowl, raptors, crows, ravens, gulls, pigeons, egrets, and herons.

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 Alpha Chloralose  
 Habitat alteration and/or barriers  Shooting  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

WS RECOMMENDED PERMIT BE ISSUED:  Yes  No

If "YES" suggested conditions of permit:

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. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or a FDA approved pest control operator. Recommend permit allow USDA Wildlife Services employees to trap and relocate migratory birds to assure aircraft safety. Permit should allow for the use of Bal-chatri traps, pole traps, and Goshawk traps to capture raptors. Lethal removal of raptors should also be allowed if trapping is unsuccessful or immediate removal is necessary.

10. WS INVESTIGATOR NAME AND ADDRESS (Print)

(b)(6)

9380 Bond Avenue Suite A  
El Cajon, CA 92021

TELEPHONE NUMBER: (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 (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Commander Navy Region Southwest Environmental Dept (Code N45RN.TC) 33000 Nixie Way, Building 50, Suite 326 San Diego, CA 92147 Attn: (b)(6)		Naval Air Station North Island, Naval Amphibious Base Coronado, and Naval Radio Receiving Facility (Collectively known as Naval Base Coronado, San Diego County, CA)	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 619-545-3703		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 Property <input checked="" type="checkbox"/> Natural Resource Human Health/Safety	T&E Species: CA Least Terns and Western Snowy Plovers.	Predation on Tern and Plover chicks and eggs.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)		B. DOLLAR LOSS (If available)	
Predation on Chicks and Eggs.		<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$500,413</b>	
		C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION	G. INVESTIGATION TYPE
March-September	12-2-08	12-4-08	<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. Gull-Billed Tern	205	Permit for protection of T&E species, CA Least Terns, and Western Snowy Plover. Gull-billed terns were the primary factor in poor reproductive success of CA Least terns and western snowy plover. The number of Gull-billed terns is the number of predation incidents of CA least terns and western snowy plovers. This number includes chicks, adults, nests, and eggs.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" 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
Applicant reports poor results with the use of pyrotechnics, human harassment, and exclusionary devices (i.e. wire wickets, fencing, wooden stakes). The cooperator also uses site preparation, research, banding, and restricts people from nesting areas. Gull billed terns were the primary factor in poor reproductive success of T&E species.

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 be issued to take gull-billed terns by shooting or trapping to assure protection of threatened and/or endangered species.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) 9380 Bond Avenue 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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i>  (b)(6) Oak Quarry Golf Club 7151 Sierra Ave. Riverside, CA 92509		<b>2. LOCATION OF DAMAGE</b>  7151 Sierra Ave. Riverside, CA 92509	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-833-1722		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$6,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/18/09	<b>F. DATE OF INVESTIGATION</b> 6/18/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Human harassment, dogs, and a falconer has been used, but with limited success. The cooperorator has also trimmed and reduced the amount of vegetation on the property	

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/ethanizing 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Padre Dam Municipal Water District 9300 Fanita Parkway P.O. BOX 719003 Santee, CA 92072		<b>2. LOCATION OF DAMAGE</b> Santee Lakes Recreation Preserve Seven different lakes	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-258-4751		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Grass, sidewalks, other waterfowl, water quality	<b>C. NATURE OF DAMAGE</b> Doppings, eating grass, reduction in other waterfowl, water quality

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Clean up costs	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$5000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april, year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/16/09	<b>F. DATE OF INVESTIGATION</b> 7/16/09
<b>G. INVESTIGATION TYPE</b> <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	Cooperator wants to control coot populations to allow other waterfowl inhabit the Santee lakes system
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	

<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has stopped allowing public to feed ducks and other wildlife in the area, and used human harassment to deter coots from the area. They have had poor results.
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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 500 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or application 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 property.	

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

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	
PGA West Weiskopf/Nicklaus Private 79-811 Ave 54 La Quinta, CA 92253 Attn: (b)(6)		80-202 Ave 58 La Quinta, CA	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		3. COUNTY	4. STATE
760-564-4463		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	Droppings on turf and consumption of grass on greens and 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 WS
Labor costs to reseed and replace greens, fairways and to clean up droppings	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 21000</b>	<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	6/24/09	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	2500	Coots are consuming turf on fairways and greens and there is a large build up of feces on sidewalks and near snack bars.
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 the use of pyrotechnics, habitat alterations, nest discouragement, 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 issued to remove 1250 coots 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 coots from remaining on the property

10. WS INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA/APHIS/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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Naval Base Ventura County Point Mugu, Environmental Division 311 Main Road Point Mugu, CA 93042 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Naval Base Ventura County Point Mugu	
<b>3. COUNTY</b> Ventura		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-989-3808			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Human Health/Safety, military aircraft	<b>C. NATURE OF DAMAGE</b> Bird strike hazard

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Human health and safety, damage to military aircraft. 37 bird strikes in 2008.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$112,509</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/26/09	<b>F. DATE OF INVESTIGATION</b> 2/4/09
<b>G. INVESTIGATION TYPE</b> <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. Migratory Birds		Most common species are waterfowl, raptor, vultures, and various black birds.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Applicant has used lethal and non-lethal methods to manage bird strikes at the airport. Pyrotechnics, air cannons, human harassment, trapping, and shooting have all reduced the BASH risk. Wildlife Services provides a BASH program at the airport.

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 (lethal/non-lethal) migratory birds that present a BASH hazard to human health and safety and military aircraft by trapping, shooting, or relocating. Nest/egg removal should also be allowed to prevent equipment damage and human health/safety risk. 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 CA Fish & Game and USFWS. Non-active nests should be removed during non nesting season.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> San Diego Landfill Systems 8514 Mast Blvd. Santee, CA 92071 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Otay Landfill Ramona Landfill Sycamore Landfill	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-449-9579			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Landfills	<b>C. NATURE OF DAMAGE</b> Birds detrimental to surrounding properties and human health/safety issue

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Employee hours, manpower time and power to harass and equipment	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 34,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/4/11	<b>F. DATE OF INVESTIGATION</b> 1/4/11	<b>G. INVESTIGATION TYPE</b> <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	485	Renew permit # MB807538-0
2. Ravens	35	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Reports good results with pyrotechnics and mylar tape/balloons at different sites.

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 lethally take 225 Western gulls and 20 ravens. Lethal methods to be used are shooting or trapping/euthanizing. Permit should also include an active hazing/harassment program to deter birds from the properties.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Santa Rosa Country Club 38-105 Portola Ave. Palm Desert, CA 92260 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 38-105 Portola Ave. Palm Desert, CA 92260	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-568-5707		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor cost to reseed, clean up and harass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 2,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept. - April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/21/10	<b>F. DATE OF INVESTIGATION</b> 5/21/10
<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit    Telephone <input checked="" type="checkbox"/> X Letter        Other		

**7. MIGRATORY BIRD SPECIES**

	A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1.	American Coots	300	Renew permit MB717552-0
2.			
3.			
4.			
5.			

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> X Harassment or hazing techniques <input checked="" type="checkbox"/> X Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> X Habitat alteration and/or barriers <input checked="" type="checkbox"/> X Shooting <input checked="" type="checkbox"/> X Other (specify)    Alpha Chloralose
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant reports poor results with scarecrows, mylar tape, human harassment, and remote control boats.	

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit to be issued to remove 200 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or the application of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/Wildlife Services or a FDA approved pest control operator. Permit conditions should include an active hazing/harassment program to deter coots from remaining on the property.
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<b>10. WS INVESTIGATOR NAME AND ADDRESS</b> <i>(Print)</i> (b)(6) 9380 Bond Ave, Suite A El Cajon, CA 92021  <b>TELEPHONE NUMBER:</b> (b)(6)	<b>12. FOR USE BY DEPREDATION PERMIT AGENCY</b>
<b>11. WS INVESTIGATOR'S SIGNATURE</b>	

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Naval Weapons Station Seal Beach 800 Seal Beach BLVD. Seal Beach, CA 90740		<b>2. LOCATION OF DAMAGE</b> Naval Weapons Station Seal Beach-Golf Course 800 Seal Beach BLVD.	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    562-626-7290		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs for clean up	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 25,000+</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Oct.-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 12/17/09	<b>F. DATE OF INVESTIGATION</b> 12/17/09	<b>G. INVESTIGATION TYPE</b> <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	2600	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 scarecrows, harassment, habitat alteration, exclusion, and dog harassment. They have had fair results with these methods.

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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Hideaway Country Club 80955 Ave. 52 La Quinta, CA 92253 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 80955 Ave. 52	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-391-5072		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf, clean up droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 7500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/22/09	<b>F. DATE OF INVESTIGATION</b> 6/22/09
<b>G. INVESTIGATION TYPE</b> <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	300	Renew permit MB051115-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 good results with discouraging nesting and fair results with pyrotechnics, human harassment, and use of dogs.

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 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.	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Lakefront I 18 Wimbledon Dr. Rancho Mirage, CA 92270  (b)(6)		18 Wimbledon Dr. Rancho Mirage, CA 92270	
3. COUNTY		4. STATE	
Riverside		CA	
TELEPHONE	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Work	760-321-1509

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

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)		B. DOLLAR LOSS (If available)	
Labor costs to reseed and replace turf and grass		<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	
C. LOSS CONFIRMED BY WS		<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	5/26/09	5/26/09	<input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Telephone <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/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 (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA/APHIS/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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Sherwood Valley HOA 2300 Norfield Court Thousand Oaks, CA 91361 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 2300 Norfield Court Lake Sherwood, CA 91361 Potrero Road and Stafford Road.	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-777-7882		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Swimming pool, human health and safety	<b>C. NATURE OF DAMAGE</b> Feces in swimming lake

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Dollar amount for lake clean up	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 45,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> October-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 9/17/10	<b>F. DATE OF INVESTIGATION</b> 9/17/10	<b>G. INVESTIGATION TYPE</b> <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	2500	High levels of phosphorous, nitrogen, and ammonia in lake.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 cooperater has used pyrotechnics, habitat alteration, discouraged nesting, and human harassment. None of these methods 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:  
 Recommend permit be renewed to take 750 coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application 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 property.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Maderas Golf Club 17750 Old Coach Road Poway, CA 92064 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 17750 Old Coach Road Poway, CA 92064	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-485-1071			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and cleanup of droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 15,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/24/09	<b>F. DATE OF INVESTIGATION</b> 6/24/09
<b>G. INVESTIGATION TYPE</b> <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	300	Renew permit MB052302-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant reports poor results with 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 issued to remove 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 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Menifee Lakes Country Club 29875 Menifee Lakes Dr. Menifee, CA 92584 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 29875 Menifee Lakes Dr. Menifee, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-972-0679		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings from turf		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit        \$4000 <input checked="" type="checkbox"/> Total	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/27/09	
<b>F. DATE OF INVESTIGATION</b> 8/27/09		<b>G. INVESTIGATION TYPE</b> <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	Renewal PRT 787974
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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) Use Alpha Chloralose	

<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant has had poor to limited success with pyrotechnics, harassment/hazing, human harassment.
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9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	

I recommend permit be renewed to take 200 American Coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. Alpha Chloralose must be administered by a FDA approved pest control operator. Non-lethal techniques should also be included in the permit.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> City of San Diego-Environmental Services Department 9601 Ridgehaven Court #310 San Diego, CA 92123 Attn. (b)(6)		<b>2. LOCATION OF DAMAGE</b> Miramar Landfill 5180 Convoy Street San Diego, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-492-6158		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Hazards to military aircraft and health hazards at city landfill	<b>C. NATURE OF DAMAGE</b> Possible bird strikes to aircraft at military airfield

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> No damage reported	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit Total    \$ 2400	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/27/09	<b>F. DATE OF INVESTIGATION</b> 3/27/09
<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter        Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Western Gull	50	Renew permit MB740226-0
2. Common Raven	50	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Reports good results with pyrotechnics, habitat alteration, and biosonics.

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 50 western gulls, and 50 ravens. Non-lethal techniques should continue to be used.

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Las Flores 4 Invernes Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Las Flores 4 Invernes Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 324-3706		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/6/09	<b>F. DATE OF INVESTIGATION</b> 1/6/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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	
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WS RECOMMENDED PERMIT BE ISSUED:     Yes     No  
 IF "YES" suggested conditions of permit:

Recommend a permit be issued to remove 200 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Country Club 34600 Mission Hills Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 34600 Mission Hills Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-202-4531		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 5000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No

<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09	<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> X 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	200	MB120213-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)
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<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment and pyrotechnics with little success.
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9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> X 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 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Casa Del Sol 755 Inverness Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Casa Del Sol 755 Inverness Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 324-2725		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$ 1500	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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.	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)

Mission Hills Desert Haciendas  
9 Via Haciendas  
Rancho Mirage, CA 92270

(b)(6)

TELEPHONE  Home  Work (760) 883-1671

2. LOCATION OF DAMAGE

Mission Hills Desert Haciendas  
9 Via Haciendas  
Rancho Mirage, CA 92270

3. COUNTY

Riverside

4. STATE

CA

5. RESOURCE

A. RESOURCE CATEGORY

Agricultural  Natural Resource  
 Property  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 (Pounds, acres, each, etc.)

Labor costs to reseed and replace turf and grass

B. DOLLAR LOSS (if available)

Per Unit  
 Total \$ 1500

C. LOSS CONFIRMED BY WS

Yes  No

D. DURATION/TIME PERIOD OF DAMAGE

September-april

E. DATE ASSISTANCE REQUEST RECEIVED

5/8/09

F. DATE OF INVESTIGATION

5/8/09

G. INVESTIGATION TYPE

Site Visit  Telephone  
 Letter  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

Direct Control  Technical Assistance  Equipment Loan  Supplies  Other (specify)

B. RECOMMENDED ACTION(S)

Harassment or hazing techniques  Lethal trapping  Trap and relocate Alpha Chloralose  
 Habitat alteration and/or barriers  Shooting  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:  Yes  No

If "YES" suggested conditions of permit:

Recommend a permit be issued to remove 200 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 (Print)

(b)(6)

USDA/APHIS/WS  
9380 Bond Ave. suite A  
El Cajon, CA 92021

TELEPHONE NUMBER:

(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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Phase IV 125 Mission Hills Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Phase IV 125 Mission Hills Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> † Home    X Work    760-324-0433		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> † Per Unit X Total    \$ 1500	<b>C. LOSS CONFIRMED BY WS</b> † Yes    X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/26/09	<b>F. DATE OF INVESTIGATION</b> 5/26/09
<b>G. INVESTIGATION TYPE</b> † Site Visit    X Telephone † Letter        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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> † Direct Control    X Technical Assistance    † Equipment Loan    † Supplies    † Other (specify)	
<b>B. RECOMMENDED ACTION(S)</b> X † Harassment or hazing techniques    X † Lethal trapping    † Trap and relocate    Alpha Chloralose X † Habitat alteration and/or barriers    X † Shooting    X † 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:    X † Yes    † No	
IF "YES" suggested conditions of permit: Recommend a permit be issued to remove 200 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Phase V 561 Desert West Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Phase V 561 Desert West Drive Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-202-1133			

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total        \$ 1500	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	
<b>F. DATE OF INVESTIGATION</b> 5/8/09		<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>G. INVESTIGATION TYPE</b> <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				
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)				
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Villas I 34725 Mission Hills Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Villas I 34610 Mission Hills Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (951) 781-7310		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 1500</b>	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	
<b>F. DATE OF INVESTIGATION</b> 5/8/09		<b>G. INVESTIGATION TYPE</b> <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 Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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"/> X 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 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Villas I 68950 Adelina Rd Cathedral City, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Villas I	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (951) 781-7310		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 4/5/10	<b>F. DATE OF INVESTIGATION</b> 4/5/10	<b>G. INVESTIGATION TYPE</b> <input 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. American Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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/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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Villas III 35090 Mission Hills Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Villas III 35090 Mission Hills Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 328-0488		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.	

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/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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Vista Del Sol 10108 Sunningdale Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Vista Del Sol 10120 Lakeview Drive Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-324-1975			

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 1500</b>		<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09		<b>G. INVESTIGATION TYPE</b> <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 Coots	1500	
2.			
3.			
4.			
5.			

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 checked="" type="checkbox"/> X Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.	

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     X Yes     No

*If "YES" suggested conditions of permit:*

Recommend a permit be issued to remove 200 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Vista Grande 813 Inverness Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Vista Grande 813 Inverness Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 321-1961		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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/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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Estates 11011 Muirfield Drive Rancho Mirage, CA 92270  (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Estates 11011 Muirfield Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (460) 328-9331		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09
<b>G. INVESTIGATION TYPE</b> <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 Coots	1500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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"/> X 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 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Lake Front 118 Mission Hills Lake Way Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 118 Mission Hills Lake Way Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (530) 582-5494		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA
<b>5. RESOURCE</b>			
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input type="checkbox"/> Human Health/Safety		<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Golf Course	
<b>C. NATURE OF DAMAGE</b> Consumption of turf and grass on greens, droppings on sidewalks			
<b>6. DAMAGE ESTIMATE</b>			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass		<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	
<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/7/09	
<b>F. DATE OF INVESTIGATION</b> 7/7/09		<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other	
<b>7. MIGRATORY BIRD SPECIES</b>			
<b>A. DEPREDATING SPECIES</b>		<b>B. NUMBER INVOLVED</b>	
1. American Coots 2. 3. 4. 5.		1500	
<b>C. COMMENTS</b>			
<b>8. WS ASSISTANCE PROVIDED</b>			
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)			
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.			
<b>9. DEPREDATION PERMIT</b>			
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 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.			
<b>10. WS INVESTIGATOR NAME AND ADDRESS</b> <i>(Print)</i> (b)(6) USDA/APHIS/WS 9380 Bond Ave. suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)		<b>12. FOR USE BY DEPREDATION PERMIT AGENCY</b>	
<b>11. WS INVESTIGATOR'S SIGNATURE</b>			

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Sierra Vista 8 Mission Court Rancho Mirage, CA 92270  (b)(6)		<b>2. LOCATION OF DAMAGE</b> 8 Mission Court Rancho Mirage, CA 92270	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 328-2729			

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/7/09	<b>F. DATE OF INVESTIGATION</b> 7/7/09
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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/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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Tennis IV Jerry Cochran, President 415 Sunningdale Rancho Mirage, CA 92270		<b>2. LOCATION OF DAMAGE</b> 415 Sunningdale Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-328-2091		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/2/09	<b>F. DATE OF INVESTIGATION</b> 6/2/09
<b>G. INVESTIGATION TYPE</b> <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**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     No

If "YES" suggested conditions of permit:

Recommend a permit be issued to remove 200 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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Stoneridge 33 Birkdale Circle Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 33 Birkdale Circle Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 766-2833		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

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

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Legacy Homeowners Association-Mission Hills Country Club 291 Loch Lomand Dr. Rancho Mirage, CA 92270 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Legacy Way, Loch Lomand Dr., Royal St. Georges Way. All homes and common areas in this location.	
<b>TELEPHONE</b> <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work    760-202-4531		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

**5. RESOURCE**

<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Grass, turf, human health and safety	<b>C. NATURE OF DAMAGE</b> Consuming grass and turf. Fecal build up on sidewalks and recreation areas
--	--	--

**6. DAMAGE ESTIMATE**

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$750,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/24/10	<b>F. DATE OF INVESTIGATION</b> 6/24/10
<b>G. INVESTIGATION TYPE</b> <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.		
3.		
4.		
5.		

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 type="checkbox"/> Other (specify)				

**C. METHODS ATTEMPTED, RESULTS, COMMENTS**  
 Cooperator has used several different harassment methods, mylar tape and balloons, habitat alteration, and nylon strings covering the surface of ponds. None of these non lethal methods have been successful to deter birds from damaging property.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     No

If "YES" suggested conditions of permit:

Recommend permit be renewed to take 400 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.

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

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

## MIGRATORY BIRD DAMAGE PROJECT REPORT

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Maderas Golf Club 17750 Old Coach Road Poway, CA 92064 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 17750 Old Coach Road Poway, CA 92064	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-485-1071		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and cleanup of droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 15,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/19/10	<b>F. DATE OF INVESTIGATION</b> 8/19/10	<b>G. INVESTIGATION TYPE</b> <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	300	Renew permit MB052302-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED				
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)				
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant reports poor results with 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 issued to remove 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 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.	

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> The Madison Club 53-035 Meriwether Way La Quinta, CA 92253		<b>2. LOCATION OF DAMAGE</b> The Madison Club 53-035 Meriwether Way La Quinta, CA 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-601-6751		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 5,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 4/5/10	<b>F. DATE OF INVESTIGATION</b> 4/5/10	<b>G. INVESTIGATION TYPE</b> <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	350	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 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/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.

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

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

## MIGRATORY BIRD DAMAGE PROJECT REPORT

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> (b)(6) Natural & Cultural Resources Manager 452 MSG/CEV 610 Meyer Dr, Bldg 2403 MARCH ARB, CA 92518		<b>2. LOCATION OF DAMAGE</b> MARCH ARB, CA 92518	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-567-3230		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Human health safety, military aircraft	<b>C. NATURE OF DAMAGE</b> Birdstrikes

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Aircraft repairs and damage	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$116,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 12/10/10	<b>F. DATE OF INVESTIGATION</b> 12/10/10
<b>G. INVESTIGATION TYPE</b> <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. Horned Lark	1000	Several other birds species are also present that are native to this area.
2. Killdeer	50	
3. Meadow Lark	50	
4. Pigeon	20	
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Control methods that we have used here at March ARB include Falconry 9 years, Vegetation control 7-14 inches grass height management year around, harassment by use of pyrotechnics year around, Food Source Control for Raptors, Elimination of Roosting Sites, Bird-Proofing Buildings and Hangars. We also use the base Integrated Natural Resources Management Plan which has been approved and signed of by Fish & Wild Life along with Fish & Game.

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 control all species of birds that present a bird strike threat to aircraft. Lethal (shooting, avicides, trapping, alpha chloralose) and non-lethal (harassment, pyro's, habitat management, fencing, barriers...) management should be used. Cooperator should be allowed to use pole traps and balchatri traps to control raptors listed in section 7.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> MCAS Miramar Environmental Management Department P.O. BOX 452001 San Diego, CA 92145 (b)(6)		<b>2. LOCATION OF DAMAGE</b> MCAS Miramar	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <b>858-577-6498</b>			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Air hangers and aircraft	<b>C. NATURE OF DAMAGE</b> Droppings and debris in aircraft hangers

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Clean up costs		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$15,000</b>	
		<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/9/10	<b>F. DATE OF INVESTIGATION</b> 6/10/10	<b>G. INVESTIGATION TYPE</b> <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	15	
2. Barn Owls	5	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input type="checkbox"/> nest/egg removal <input type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> The cooperorator uses human harassment to deter the birds from nesting in the hangers, but there has been very 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 permit be issued to take (lethal/non-lethal) 10 ravens and 3 barn owls from the hangers and buildings located on base. Nest/egg removal should also be allowed to prevent equipment damage and human health/safety risk. 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 CA Fish & Game and USFWS. Non-active nests should be removed during non nesting season.	

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

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

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(include business/agency name if appropriate)</i> Menifee Lakes Country Club 29875 Menifee Lakes Dr. Menifee, CA 92584 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 29875 Menifee Lakes Dr. Menifee, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-972-0679		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings from turf		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit        \$4000 <input checked="" type="checkbox"/> Total	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 11/17/10	
<b>F. DATE OF INVESTIGATION</b> 11/17/10		<b>G. INVESTIGATION TYPE</b> <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	Renewal PRT 787974
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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) Use Alpha Chloralose	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant has had poor to limited success with pyrotechnics, harassment/hazing, 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:	

I recommend permit be renewed to take 300 American Coots by shooting or trapping/euthanizing by carbon dioxide inhalation or application of Alpha Chloralose. Alpha Chloralose must be administered by a FDA approved pest control operator. Non-lethal techniques should also be included in the permit.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> City of San Diego-Environmental Services Department 9601 Ridgehaven Court #310 San Diego, CA 92123 Attn. (b)(6)		<b>2. LOCATION OF DAMAGE</b> Miramar Landfill 5180 Convoy Street San Diego, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-627-3320		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Hazards to military aircraft and health hazards at city landfill	<b>C. NATURE OF DAMAGE</b> Possible bird strikes to aircraft at military airfield

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> No damage reported		<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input type="checkbox"/> Total    \$ 2400	
		<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/4/10	<b>F. DATE OF INVESTIGATION</b> 3/4/10	<b>G. INVESTIGATION TYPE</b> <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	50	Renew permit MB740226-0
2. Common Raven	50	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Reports good results with pyrotechnics, habitat alteration, and biosonics.	

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 50 western gulls, and 50 ravens. Non-lethal techniques should continue to be used.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Eastlake Country Club 1180 Hunte Parkway Chula Vista, CA 91915 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 1180 Hunte Parkway Chula Vista, CA 91915	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-482-5759		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens and fairways, and to clean up droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$    28,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept - Apr	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/21/09	<b>F. DATE OF INVESTIGATION</b> 7/21/09	<b>G. INVESTIGATION TYPE</b> <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	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 harassment and hazing, special fencing and pond management. None of the tactics 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 permit be issued to take 250 American coots by shooting, trapping, or Alpha chloralose tranquilizing agent. Coots captured or tranquilized should be humanely euthanized via carbon dioxide inhalation. Alpha chloralose can only be administered by USDAAPHIS/WS personnel, or pest control operators certified in its use. Lethal control efforts should be supplemented by an active hazing/harassment program to deter coots from remaining on the property.	

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

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

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> 95ABW 5 East Popson Avenue Edwards AFB, CA 93524-8060 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Edwards AFB	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    661-277-2017		<b>3. COUNTY</b> Kern	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> 14 bird strikes	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$20,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/9/09	<b>F. DATE OF INVESTIGATION</b> 1/9/09
<b>G. INVESTIGATION TYPE</b> <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. Turkey Vultures	100	BASH risk to military aircraft
2. Horned Larks	100	
3. Common Raven	100	
4. Barn Owl	5	
5. Raptors		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate    Nest/egg removal <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 applicant has reported good results with pyrotechnics, habitat management, and human harassment. They reported no lethal removal 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: Recommend permit be issued to take (lethal/non-lethal) migratory birds that present a BASH hazard to human health and safety and military aircraft by trapping or shooting, or relocating. Nest/egg removal should also be allowed to prevent equipment damage and human health/safety risk. 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 CA Fish & Game and USFWS. Non-active nests should be removed during non nesting season.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Four Seasons Resort Aviara 7447 Batiquitos Dr. Carlsbad, CA 92011 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 7447 Batiquitos Dr. Carlsbad, CA 92011	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-431-0877		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 12,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 10/8/09	<b>F. DATE OF INVESTIGATION</b> 10/8/09	<b>G. INVESTIGATION TYPE</b> <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	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 habitat alterations, 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 275 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Four Seasons Community Assoc. at Palm Springs 3800 Four Seasons Blvd. Palm Springs, CA 92262 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 3800 Four Seasons Blvd. Palm Springs, CA 92262	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-323-3008		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Swimming pool, recreational area. Human health and safety	<b>C. NATURE OF DAMAGE</b> Feces in pool and area

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Clean up costs, drainage of pools	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$745.00</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/23/09	<b>F. DATE OF INVESTIGATION</b> 1/23/09	<b>G. INVESTIGATION TYPE</b> <input 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. Mallards	4	Mallards are nesting/feeding near swimming pools. Feces have to be cleaned up and the pools are drained.
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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"/> X Other (specify)	

**C. METHODS ATTEMPTED, RESULTS, COMMENTS**  
 Cooperator has used habitat alteration, discouraged nesting and human harassment, but has had little success to deter birds from the area.

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 mallards 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. Cooperator should be allowed to remove nests/eggs from the area also.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Greg Norman 81-251 1/2 Airport Boulevard La Quinta, CA 92253 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 81-251 1/2 Airport Boulevard La Quinta, CA 92253	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-564-7863		<b>3. COUNTY</b> San Diego	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit Total <b>\$10,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/16/10	<b>F. DATE OF INVESTIGATION</b> 8/16/10
<b>G. INVESTIGATION TYPE</b> <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. MB133640
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> The cooperor 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 type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend a permit be issued to remove 175 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Sherwood Country Club 320 West Stafford Road Thousand Oaks, CA 91361		<b>2. LOCATION OF DAMAGE</b> 320 West Stafford Road Thousand Oaks, CA 91361	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-267-4539			

**5. RESOURCE**

<b>A. RESOURCE CATEGORY</b> <input type="checkbox"/> Agricultural Property <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Golf courses	<b>C. NATURE OF DAMAGE</b> Coots feeding on turf/grass and excessive droppings on grass and sidewalks
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**6. DAMAGE ESTIMATE**

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseed and labor costs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$7,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept.- April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/19/09	<b>F. DATE OF INVESTIGATION</b> 6/19/09
<b>G. INVESTIGATION TYPE</b> <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	3500	
2.			
3.			
4.			
5.			

**8. WS ASSISTANCE PROVIDED**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 harassment with dogs, effigies, pyrotechnics, and remote controlled boats. All methods have produced fair results.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     No

If "YES" suggested conditions of permit:

Recommend a permit be issued to remove 500 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.

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Mission Hills Villas II 34-969 Mission Hills Drive Rancho Mirage, CA 92270  (b)(6)		Mission Hills Villas II 34-969 Mission Hills Drive Rancho Mirage, CA 92270	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (760) 770-7080		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"/> X Property <input type="checkbox"/> Human Health/Safety	Golf Course	Consumption of turf and grass on greens, droppings on sidewalks

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
Labor costs to reseed and replace turf and grass	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total \$ 1500	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
September-april	5/8/09	5/8/09
		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 Coots	1500	
2.		
3.		
4.		
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

Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.

9. DEPREDATION PERMIT

WS RECOMMENDED PERMIT BE ISSUED:  X Yes  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/APHIS/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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Vistas 652 Hospitality Drive Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Vistas 652 Hospitality Drive Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760)-328-0135		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/8/09	<b>F. DATE OF INVESTIGATION</b> 5/8/09
<b>G. INVESTIGATION TYPE</b> <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**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Cooperator has used human harassment, scarecrows, habitat alteration, and pyrotechnics with little success.

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     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.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Lakes Country Club 8484 Clubhouse Blvd Desert Hot Springs, CA		<b>2. LOCATION OF DAMAGE</b> Mission Lakes Country Club 8484 Clubhouse Blvd Desert Hot Springs, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-774-7201		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, and labor costs	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 2000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> October-May	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 11/30/09	<b>F. DATE OF INVESTIGATION</b> 11/30/09
<b>G. INVESTIGATION TYPE</b> <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	70	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 used pyrotechnics, scarecrows, mylar tape/balloons, and human harassment to deter coots from being on property, but none of these methods have good 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 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.	

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



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	
San Diego Landfill System 8514 Mast Blvd. Santee, CA 92071 ATTN: (b)(6)		Otay Landfill Ramona Landfill Sycamore Landfill	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		3. COUNTY	4. STATE
619-562-0720		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	Landfills	Birds detrimental to surrounding properties and human health/safety issue

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
Employee hours, manpower time and power to harass and equipment	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 33,923</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
Year round	2-18-10	2-18-10
		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	485	Renew permit # MB807538-0
2. Ravens	35	
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

Reports good results with pyrotechnics and mylar tape/balloons at different sites.

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 lethally take 125 Western gulls and 20 ravens. Lethal methods to be used are shooting or trapping/ethanizing. Permit should also include an active hazing/harassment program to deter birds from the properties.	

10. WS INVESTIGATOR NAME AND ADDRESS (Print)	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA/APHIS/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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Santa Rosa Country Club 38-105 Portola Ave. Palm Desert, CA 92260 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 38-105 Portola Ave. Palm Desert, CA 92260	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-568-5707		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor cost to reseed, clean up and harass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$ 2,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept. - April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/21/10	<b>F. DATE OF INVESTIGATION</b> 5/21/10	<b>G. INVESTIGATION TYPE</b> <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	300	Renew permit MB717552-0
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Applicant reports poor results with scarecrows, mylar tape, human harassment, and remote control boats.

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Shadowlake Estates HOA 42-335 Washington St, suite F 427 Palm Desert, CA 92211 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 40-800 Jackson St. Indio, CA 92203	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-200-9520		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor cost to reseed, clean up and harass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 12,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept. - April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/10/10	<b>F. DATE OF INVESTIGATION</b> 6/14/10
<b>G. INVESTIGATION TYPE</b> <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	100	
2. Canadian Geese	30	
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**  
 Applicant reports poor results with scarecrows, mylar tape, human harassment, and non-active nest removal.

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 be issued to remove 200 coots and 15 geese by shooting or trapping/euthanizing by carbon dioxide inhalation or the application of Alpha Chloralose. Alpha Chloralose can only be administered by USDA/APHIS/Wildlife Services or a FDA approved pest control operator. Permit conditions should include an active hazing/harassment program to deter coots and geese from remaining on the property.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Sherwood Country Club 320 West Stafford Road Thousand Oaks, CA 91361		<b>2. LOCATION OF DAMAGE</b> 320 West Stafford Road Thousand Oaks, CA 91361	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-267-4539		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseed and labor costs	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$20,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept.- April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 9/15/10	<b>F. DATE OF INVESTIGATION</b> 9/15/10
<b>G. INVESTIGATION TYPE</b> <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	3500	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used harassment with dogs, effigies, pyrotechnics, and remote controlled boats. All methods have produced fair results.	

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 500 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

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

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Costs to reseed fairways and greens and clean up droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$ 9,000	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 11-8-10	<b>F. DATE OF INVESTIGATION</b> 11-8-10	<b>G. INVESTIGATION TYPE</b> <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	800	
2.		
3.		
4.		
5.		

8. WS ASSISTANCE PROVIDED	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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 cooperor 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

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

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace greens, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$4000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/17/10	<b>F. DATE OF INVESTIGATION</b> 8/17/10
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> 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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

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

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Costs to reseed grass/turf and labor costs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$10,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/16/10	<b>F. DATE OF INVESTIGATION</b> 8/16/10
<b>G. INVESTIGATION TYPE</b> <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**

<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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**

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Stoneridge 33 Birkdale Circle Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 33 Birkdale Circle Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 766-2833		<b>3. COUNTY</b> Riverside	<b>4. STATE</b> CA

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

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor costs to reseed and replace turf and grass	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 1500</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 4/5/10	<b>F. DATE OF INVESTIGATION</b> 4/5/10
<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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/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.	

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

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

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

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Reseeding, labor costs, clean up	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$20,000</b>	<b>C. LOSS CONFIRMED BY WS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-april	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/17/10	<b>F. DATE OF INVESTIGATION</b> 8/17/10	<b>G. INVESTIGATION TYPE</b> <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	
<b>A. TYPE OF ASSISTANCE PROVIDED</b> <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>B. RECOMMENDED ACTION(S)</b> <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.

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