

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> The Landing HOA 1099 First Street San Diego, CA		<b>2. LOCATION OF DAMAGE</b> The Landing HOA 1099 First Street	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    619-435-3991			

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> Roof vents, skylights, windows. Human health and safety	<b>C. NATURE OF DAMAGE</b> Droppings and aggressive behavior to employees

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Clean up, threat to employees	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit Total    \$NA	<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> 2/10/10	<b>F. DATE OF INVESTIGATION</b> 2/10/10	<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. Western Gulls	4	
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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used harassment, hazing, scarecrows, and removed non-active nests. 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 lethally remove 4 western gulls by shooting, trapping, or nest/egg removal or oiling eggs. 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>	

MIGRATORY BIRD DAMAGE PROJECT REPORT

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

Mission Hills Las Flores  
4 Invernes Drive  
Rancho Mirage, CA 92270

(b)(6)

2. LOCATION OF DAMAGE

Mission Hills Las Flores  
4 Invernes Drive  
Rancho Mirage, CA 92270

3. COUNTY

Riverside

4. STATE

CA

TELEPHONE  Home  Work (760) 324-3706

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

4/5/10

F. DATE OF INVESTIGATION

4/5/10

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/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> 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	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-202-4531		<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        \$ 5000	<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
<b>7. MIGRATORY BIRD SPECIES</b>			
<b>A. DEPREDATING SPECIES</b>		<b>B. NUMBER INVOLVED</b>	<b>C. COMMENTS</b>
1. American Coots		200	
2.			
3.			
4.			
5.			
<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 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/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		<b>12. FOR USE BY DEPREDATION PERMIT AGENCY</b>	
TELEPHONE NUMBER:    (b)(6)			
<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	
TELEPHONE <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> 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)	

**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>	

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Mission Hills Desert Haciendas 9 Via Haciendas Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Mission Hills Desert Haciendas 9 Via Haciendas 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) 883-1671			

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> 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 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>	

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"/> 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    \$ 5000	<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> 9/9/10	<b>F. DATE OF INVESTIGATION</b> 9/9/10
<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	5,000	The form 37 previously completed this year recorded 200 coots involved, but the cooperator contacting me to correct the coot population.
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 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 600 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 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	
TELEPHONE    †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> 4/5/10	<b>F. DATE OF INVESTIGATION</b> 4/5/10	<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**

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Mission Hills Phase V 561 Desert West Drive Rancho Mirage, CA 92270 (b)(6)		Mission Hills Phase V 561 Desert West Drive Rancho Mirage, CA 92270	
3. COUNTY		4. STATE	
Riverside		CA	
TELEPHONE	Home	X Work	760-202-1133

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	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"/> Total <b>\$ 1500</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	4/5/10	4/5/10
		G. INVESTIGATION TYPE
		<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 <input type="checkbox"/> 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.

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**

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER (Include business/agency name if appropriate)		2. LOCATION OF DAMAGE	
Mission Hills Villas I 68950 Adelina Rd Cathedral City, CA 92270  (b)(6)		Mission Hills Villas I	
3. COUNTY		4. STATE	
Riverside		CA	
TELEPHONE	Home	X Work	760-202-4531

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

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"/> Total \$ 1500	<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	7/12/10	7/12/10
		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. 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> 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 <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 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 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    \$ 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> 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 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	
TELEPHONE <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"/> 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> 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 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> Lake Front II 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

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> 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>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 328-2729		<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> 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 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>	

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	
<b>TELEPHONE</b> <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> 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 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> 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>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		<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)	

**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>	

## 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"/> 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"/> Total \$ 1500	<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	4/5/10	4/5/10
		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. 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 <input type="checkbox"/> 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:  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 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

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> 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)	

**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>	

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	
TELEPHONE <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    \$ 2000	<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> 8/23/10	<b>F. DATE OF INVESTIGATION</b> 8/23/10	<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	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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Lake Mission Viejo Association 22555 Olympiad Rd Mission Viejo, CA 92692		<b>2. LOCATION OF DAMAGE</b> 22555 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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> The cooperater has used several different methods to reduce the damage caused by coots. Methods include fencing, wires over ponds, repellents, sprinklers, and human harassment. They have had 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.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) USDA Wildlife Services 9380 Bond Ave. Suite A El Cajon, CA 92021 TELEPHONE NUMBER: (b)(6)	
<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	
Mountain/Dunes 51-001 Avenida Carranza La Quinta, Ca 92253 ATTN: (b)(6)		51-001 Avenida Carranza La Quinta, Ca 92253	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		3. COUNTY	4. STATE
760-564-7863		San Diego	CA

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

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE (Pounds, acres, each, etc.)	B. DOLLAR LOSS (If available)	C. LOSS CONFIRMED BY WS
Costs to reseed grass/turf and labor costs	<input type="checkbox"/> Per Unit Total <b>\$10,000</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	8/16/10	8/16/10
		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. 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	
A. TYPE OF ASSISTANCE PROVIDED	
<input type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify)	
B. RECOMMENDED ACTION(S)	
<input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Alpha Chloralose <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

C. METHODS ATTEMPTED, RESULTS, COMMENTS

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

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

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

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

**MIGRATORY BIRD DAMAGE PROJECT REPORT**

<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	
<b>TELEPHONE</b> Home    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 <input checked="" type="checkbox"/> Total    \$    117,916	<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> 4/6/10	<b>F. DATE OF INVESTIGATION</b> 4/9/10
<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    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 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, 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.

<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**

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)	C. LOSS CONFIRMED BY WS
Predation on Chicks and Eggs.	<input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$522,169</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION/TIME PERIOD OF DAMAGE	E. DATE ASSISTANCE REQUEST RECEIVED	F. DATE OF INVESTIGATION
March-September	1/27/11	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	
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 checked="" type="checkbox"/> Other (specify) predator management at nesting sites
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 cooperators also use 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 type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" suggested conditions of permit:	

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> USMC Air Station Camp Pendleton BOX 555151 Building 23171 Camp Pendleton, CA 92055 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Camp Pendleton	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-725-8584		<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> BASH hazard, human health and safety	<b>C. NATURE OF DAMAGE</b> Bird strikes, droppings on equipment and aircraft

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Repairs, harassment equipment	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total        \$80,000	<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> 9/22/10	<b>F. DATE OF INVESTIGATION</b> 9/22/10	<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. Migratory birds on airfield		Primary species of concern are cliff swallows, finches, barn owls, and ravens
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    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 applicant has reported good results nixalite, netting, nest removal, 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 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> AC/S Environmental Section, Resource Enforcement & Compliance Office BLDG. 2648 Camp Pendleton, CA ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 241 Los Padres Dr. O'Neal Heights Housing 43 Area Landfill Camp Pendleton	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-763-6681		<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/safety	<b>C. NATURE OF DAMAGE</b> Ravens at landfill, and prevent vulture roost

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Raven and vulture droppings	<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> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6/4/10	<b>F. DATE OF INVESTIGATION</b> 6/4/10	<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. Turkey Vultures	60	
2. Ravens	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 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**  
 The cooperater has used pyrotechnics, effigies, and habitat alteration. There has been success in deterring the birds from roosting at these locations, but lethal removal may be necessary.

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 up to 15 vultures and 25 ravens to prevent roosting in urban areas and landfills. Pyrotechnics, harassment with effigies, and habitat alteration should also be used. The dead vultures and ravens will be used as effigies in different areas to harass birds from roosting.

<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> PGA West Weiskopf/Nicklaus Private 79-811 Ave 54 La Quinta, CA 92253 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 80-202 Ave 58 La Quinta, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-564-4463		<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 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, 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    \$ 21000	<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	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	
<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 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 750 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/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> <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;">(b)(6)</div>		<b>2. LOCATION OF DAMAGE</b> <div style="background-color: gray; width: 100px; height: 40px; margin-top: 5px;">(b)(6)</div>	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <div style="background-color: gray; width: 80px; height: 20px; margin-left: 10px;">(b)(6)</div>		<b>3. COUNTY</b> Los Angeles	<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 checked="" type="checkbox"/> Human Health/Safety		<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Property and human health/safety concerns	
<b>C. NATURE OF DAMAGE</b> Droppings, mites, odor			
<b>6. DAMAGE ESTIMATE</b>			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Several nests above doorway		<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input type="checkbox"/> Total    \$ NA	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> currently		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 4/26/10	
<b>F. DATE OF INVESTIGATION</b> 4/27/10		<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>	<b>C. COMMENTS</b>
1. Cliff swallows		10	Occupant of the unit is pregnant and she has a risk of falling while entering/exiting the doorway.
2.			
3.			
4.			
5.			
<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 type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input type="checkbox"/> nest/egg removal <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> X Other (specify)			
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> The cooperators has not attempted to deter the birds because the nests are already completed. This is the first year the problem occurred			
<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: Wildlife Services recommends the cooperating be allowed to remove/destroy up to 10 swallow nests and eggs that are found above the doorway. After the nests are removed, steps should be taken to repair and modify the doorway to prevent nesting in the future.			
<b>10. WS INVESTIGATOR NAME AND ADDRESS</b> <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 20px; margin-top: 5px;">(b)(6)</div> USDA-Wildlife Services 9380 Bond Ave suite A El Cajon, CA 92021 <b>TELEPHONE NUMBER:</b> <div style="background-color: gray; width: 80px; height: 20px; margin-left: 10px;">(b)(6)</div>		<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 2008.	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$122,500</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> 1/8/10	<b>F. DATE OF INVESTIGATION</b> 1/8/10
<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 type="checkbox"/> Other (specify)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Applicant has used lethal and non-lethal methods to manage bird strikes are 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.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021  TELEPHONE NUMBER:    (b)(6)	
<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> ↑ Home    X Work    805-989-3808		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> ↑ Agricultural Property    X↑ 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

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> ↑ Per Unit X Total    \$ NA	<b>C. LOSS CONFIRMED BY WS</b> ↑ Yes    X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> March-September	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 1/8/10	<b>F. DATE OF INVESTIGATION</b> 1/8/10
<b>G. INVESTIGATION TYPE</b> ↑ Site Visit    X Telephone ↑ Letter        Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Raven	40	Northern Harrier-2      American Kestrel-3
2. American Crow	40	Barn Owl-2              Red-tailed hawk-3
3. Ring billed Gull	10	Great Blue Heron-2      Horned Lark-15
4. Western Gull	10	Black Crowned Night Heron-2
5. CA Gull	10	Loggerhead Shrike-3

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    X↑ Trap and relocate X↑ Habitat alteration and/or barriers    X↑ Shooting    ↑ 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. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED:    X↑ Yes    ↑ No	IF "YES" suggested conditions of permit:

Recommend permit be issued to take 40 ravens, 40 crows, 10 ring-billed gulls, 5 western gulls, 5 CA gulls, 5 great blue herons, 5 black crowned night herons and 12 horned larks. Recommend applicant be allowed to trap and relocate raptors with authorization of California Fish and Game Department. If trapping is not successful lethal removal should be considered. Egg and nest destruction should be allowed as take methods. An active harassment program should be incorporated in the management program. The removal of any predators listed as BCC or Threatened/Endangered species should be addressed directly with USFWS or CA Fish and Game.

<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> Port of Los Angeles 425 S. Palos Verdes St. San Pedro, CA 90731 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 15 acres near Pier 400, Terminal Island, Port of LA	
<b>3. COUNTY</b> Los Angeles		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    310-732-3677			

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 Terns/Western Snowy Plover	<b>C. NATURE OF DAMAGE</b> Nest, egg, chick depredation

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> California Least Tern Predation	<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> January-September	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 9/23/10	<b>F. DATE OF INVESTIGATION</b> 9/23/10
<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	12	
2. Crows	8	
3. Kestrels	4	
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"/> XTrap 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> The cooperators has used live trapping, harassment, pyrotechnics, and lethal control with firearms. The combination of these methods has been effective in reducing the number of predators at the nesting sites.	

The cooperators has used live trapping, harassment, pyrotechnics, and lethal control with firearms. The combination of these methods has been effective in reducing the number of predators at the nesting 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 use lethal or non-lethal methods to remove 12 ravens, 12 crows, 4 kestrels. Any birds that are trapped and relocated must be coordinated with and approved by California Department of Fish and Game. . Permit conditions should also include an active hazing/harassment program to deter avian predators from the nesting sites.

<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> Riverwalk Golf Club 1150 Fashion Valley Rd. San Diego, CA 92124 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Riverwalk Golf Club 1150 Fashion Valley Rd. San Diego, CA 92124	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> X Work    619-291-2458		<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"/> X 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 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, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total <b>\$ 30,000</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> 9/9/10	<b>F. DATE OF INVESTIGATION</b> 9/9/10
<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	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"/> 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> Cooperators have used fencing and alternate feeding stations, but have had 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 permit be issued to remove 325 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>	

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) Riverside National Cemetery/National Cemetery Administration 22495 Van Buren Blvd. Riverside, CA 92518		<b>2. LOCATION OF DAMAGE</b> Riverside National Cemetery 22495 Van Buren Blvd. Riverside, CA 92518	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-653-8417		<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>\$1,000+</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> 9/28/10	<b>F. DATE OF INVESTIGATION</b> 9/28/10
<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	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 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**  
 The cooperater has used human harassment and habitat alteration to discourage the birds, but has had 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 renewed to take 300 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. 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  <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>  (b)(6) Riverside National Cemetery/National Cemetery Administration 22495 Van Buren Blvd. Riverside, CA 92518		<b>2. LOCATION OF DAMAGE</b>  Riverside National Cemetery 22495 Van Buren Blvd. Riverside, CA 92518	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-653-8417		<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>\$1,000+</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> 3/30/10	<b>F. DATE OF INVESTIGATION</b> 3/30/10
<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	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 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**  
 The cooperator has used human harassment and habitat alteration to discourage the birds, but has had 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 renewed to take 300 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. 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>	

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) Toscana Country Club 76-009 Via Club Villa Indian Wells Ca, 92210 Toscana Country Club		<b>2. LOCATION OF DAMAGE</b> Toscana Country Club	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-275-5991		<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 grass/turf and consumption of grass/turf on greens and fairways.

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor and material cost to re-seed/re-turf and cleanup. Cost for harassment		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit                      3,000+ <input checked="" type="checkbox"/> Total                      \$	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September through April		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/8/10	
<b>F. DATE OF INVESTIGATION</b> 3/8/10		<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	
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 non-lethal methods to deter coots from the property, but most have fair results. Private Pest Control companies, human harassment, mylar balloons, remote control boats, fencing, and dog harassment have been used..

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 permit be issued to take 200 coots shooting, trapping and/or tranquilizing using Alpha-Chloralose and euthanasia via carbon dioxide inhalation. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or an approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots and geese from remaining on the property.

<b>10. WS INVESTIGATOR NAME AND ADDRESS</b> <i>(Print)</i> (b)(6) 9380 Bond Avenue 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> 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    858-577-6498			

**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
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**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    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 cooperator 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> J.S. Air Force Plant-42 (b)(6) 2503 East Avenue P Palmdale, CA 93550		<b>2. LOCATION OF DAMAGE</b> U.S. Air Force Plant-42	
<b>3. COUNTY</b> Los Angeles		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    661-272-6726			

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> NA	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit Total    NA	<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> 3/23/10	<b>F. DATE OF INVESTIGATION</b> 3/23/10
<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	1000+	BASH risk to military aircraft and droppings on buildings and vehicles
2. Pigeons	1000+	
3. Meadow Larks	1000+	
4. Horned Larks	1000+	
5. Barn Swallows	1000+	

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 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> The applicant has used several methods to deter and reduce the numbers of birds on the property and that cause a BASH hazard. Pyrotechnics, human harassment, habitat alteration, cannons, bird distress calls have all been used with limited 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) 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.	

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i>	12. FOR USE BY DEPREDATION PERMIT AGENCY
(b)(6) 9380 Bond Ave. Suite A El Cajon, CA 92021  TELEPHONE NUMBER    (b)(6)	
<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> Ventura Regional Sanitation District 1001 Partridge Dr. suite 150 Ventura, CA 93003		<b>2. LOCATION OF DAMAGE</b> 3500 Toland Road Santa Paula, CA 93060	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    805-658-4636		<b>3. COUNTY</b> Ventura	<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> Landfill and private properties	<b>C. NATURE OF DAMAGE</b> Droppings and poor sanitary conditions

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Harassment costs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$50,000</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> 3/18/10	<b>F. DATE OF INVESTIGATION</b> 3/18/10	<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. Raven	100	
2. Western Gull	100	
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 type="checkbox"/> Shooting <input type="checkbox"/> Other (specify)	

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

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Wildlife Services recommends a permit be issued to lethally remove 35 ravens and 35 western gulls. Non lethal harassment methods should also continue.	

<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> Vineyard at Escondido Golf Course 925 San Pasqual Rd. Escondido, CA 92025 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Vineyard at Escondido Golf Course 925 San Pasqual Rd. Escondido, CA 92025	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-908-2029		<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> Grass and turf at golf course	<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>\$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> 9/10/10	<b>F. DATE OF INVESTIGATION</b> 9/14/10
<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	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 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, alternative feeding stations, and decoys have all been used as non-lethal methods, but the cooperators has had little success.

9. DEPREDATION PERMIT	
<b>WS RECOMMENDED PERMIT BE ISSUED:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(if "YES" suggested conditions of permit:</i>	
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> The Vintage Club & Vintage club Master Association 75-001 Vintage Drive West Indian Wells, CA 92210 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 75-001 Vintage Drive West Indian Wells, CA 92210	
TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-568-2646		<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 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, clean up of droppings		<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total        \$ 20000	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> September-April		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/4/10	
<b>F. DATE OF INVESTIGATION</b> 8/4/10		<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	500	Renew permit MB798262-0
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)	

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

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

<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: 619-561-3752	<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> Waters Ranches L.L.C. 10500 Broadway Rd. Moorpark, CA 93021 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 10865 Broadway Rd. Moorpark, CA 93021	
<b>TELEPHONE</b> ↑ Home    X Work    805-532-2019		<b>3. COUNTY</b> Ventura	<b>4. STATE</b> CA

**5. RESOURCE**

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

<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> acres	<b>B. DOLLAR LOSS</b> <i>(if available)</i> ↑ Per Unit X Total <b>\$ 600,000</b>	<b>C. LOSS CONFIRMED BY WS</b> ↑ Yes    X No
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> Year round	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 5/6/09	<b>F. DATE OF INVESTIGATION</b> 5/12/09
<b>G. INVESTIGATION TYPE</b> ↑ Site Visit    X Telephone ↑ Letter        Other		

**7. MIGRATORY BIRD SPECIES**

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Cedar Waxwing	1,000	
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 X ↑ Habitat alteration and/or barriers    X ↑ Shooting    ↑ Other (specify)				
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Cooperator has used pyrotechnics, scarecrows, mylar tape and balloons, habitat alteration, human harassment and attempted to trap the birds, but none have been successful.				

**9. DEPREDATION PERMIT**

<b>WS RECOMMENDED PERMIT BE ISSUED:</b> X ↑ Yes    ↑ No
If "YES" suggested conditions of permit: WS recommends a permit be issued to lethally remove 250 cedar waxwings to protect the resource. This should also include the lethal removal of eggs and nests. A active non-lethal harassment should continue to reinforce lethal methods used.

<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> Westgate 17 Royal St Georges Way Rancho Mirage, CA 92270  (b)(6)		<b>2. LOCATION OF DAMAGE</b> Westgate 77 Royal St Georges Way Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760) 328-4374		<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    \$ 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> 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. DEPREDAATION 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 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> Westlake Golf Club 1812 Lakeview Canyon Rd Westlake Village, CA 91361 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Westlake Golf Club 4812 Lakeview Canyon Rd Westlake Village, CA 91361	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    818-889-0770		<b>3. COUNTY</b> Los Angeles	<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
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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 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> 9/9/10	<b>F. DATE OF INVESTIGATION</b> 9/9/10
<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	250	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
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 cooperor has used several different methods to reduce the damage caused by coots. Methods include fencing, streamers, effigies, vegetation removal, dogs, and human harassment. They have had poor results with every method

**9. DEPREDATION PERMIT**

WS RECOMMENDED PERMIT BE ISSUED:     Yes     No

If "YES" suggested conditions of permit:

Recommend a permit be issued to remove 175 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> Agricultural Pest Control Services 9917 Maine Ave. Lakeside, CA 92040 (b)(6)		<b>2. LOCATION OF DAMAGE</b> San Onofre 5000 Pacific Coast HWY San Clemente, CA 92672	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-536-2999		<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> Buildings, human health/safety	<b>C. NATURE OF DAMAGE</b> Droppings, nests, broken eggs, and dead birds on buildings and hand rails

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>\$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> October-May	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/1/10	<b>F. DATE OF INVESTIGATION</b> 3/2/10
<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. California Gulls	150	
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 <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 exclusion, harassment, and discouraged nesting, but none have been successful 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 permit be issued to lethally remove 70 California Gulls to prevent further depredation of property. Lethal methods used should be shooting, trapping, nest/egg destruction, but program should also include non-lethal harassment methods. Cooperator should contact CA Fish and Game and USFWS for permission to relocate birds.	

<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> Agricultural Pest Control Services 917 Maine Ave. Lakeside, CA 92040 (b)(6)		<b>2. LOCATION OF DAMAGE</b> Sea World 500 Sea World Drive San Diego, CA 92109	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-536-2999		<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> Buildings, human health/safety	<b>C. NATURE OF DAMAGE</b> Droppings, nests, broken eggs, and dead birds on buildings and hand rails

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>\$75,000</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-May	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 3/3/10	<b>F. DATE OF INVESTIGATION</b> 3/3/10	<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. California Gulls	20	
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 <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 exclusion, pyrotechnics, mylar tape/balloons, habitat management, harassment, and discouraged nesting, but none have been successful 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 permit be issued to lethally remove 10 California Gulls to prevent further depredation of property. Lethal methods used should be shooting, trapping, nest/egg destruction, but the program should also include non-lethal harassment methods. Cooperator should contact CA Fish and Game and USFWS for permission to relocate birds.	

<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> (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> Andolusia County Club 79-301 Cascades Circle La Quinta, CA 92253		<b>2. LOCATION OF DAMAGE</b> 58830 Narbela Thermal, CA 92274	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-771-9160		<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	<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, fairways and clean droppings	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$ 4500</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> 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	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 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**  
 Bird bangers and human harassment have been used, but the cooperator had little to no success.

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

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> Annenberg Foundation Trust at Sunnylands 71-231 Tamarisk Lane Rancho Mirage, CA 92270 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 71-231 Tamarisk Lane Rancho Mirage, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    (760)-202-2270		<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 grass/turf and consumption of grass/turf 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 and material cost to re-seed/re-turf and cleanup.	<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> September through 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 Coot	30	Renew permit # MB006108-0
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 pyrotechnics, scarecrows, nesting discouragement, human harassment, and alpha chloralose.	

**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 permit be issued to take 20 coots by shooting, trapping and/or tranquilizing using Alpha-Chloralose and euthanasia via carbon dioxide inhalation. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or a FDA approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots from remaining on the property.
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<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> Arnold Palmer 79-811 Avenue 54 La Quinta, CA 92253 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 79-811 Avenue 54 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. MB133642
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 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 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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Arroyo Tabuco Golf Club (b)(6) 26772 Avery Parkway Mission Viejo, CA 92692  TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    949-305-5100		<b>2. LOCATION OF DAMAGE</b> 26772 Avery Parkway Mission Viejo, CA 92692  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>3. COUNTY</b></td> <td style="width:50%;"><b>4. STATE</b></td> </tr> <tr> <td>Orange</td> <td>CA</td> </tr> </table>		<b>3. COUNTY</b>	<b>4. STATE</b>	Orange	CA
<b>3. COUNTY</b>	<b>4. STATE</b>						
Orange	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>\$7,000</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	12/2/10	12/2/10
		<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	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings.
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 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 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 175 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> 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> 11/8/10	<b>F. DATE OF INVESTIGATION</b> 11/8/10
<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	750	
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 225 coots by shooting or trapping/ethanizing by carbon dioxide inhalation or applications of Alpha Chloralose. Alpha Chloralose can only be adminisitered 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  <b>TELEPHONE NUMBER:</b> (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> Bighorn Golf Club 255 Palowet Drive Palm Desert, CA 92260 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 255 Palowet Drive Palm Desert, CA 92260	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-776-7126 ext. 2520			

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> Golf course	<b>C. NATURE OF DAMAGE</b> Damage to greens and fairways from feeding and human health/safety from 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"/> X Total <b>\$ 75,000</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> September-April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 8/2/10	<b>F. DATE OF INVESTIGATION</b> 8/2/10
<b>G. INVESTIGATION TYPE</b> <input type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> X Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Coots	300	Renew permit MB083051-0
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 type="checkbox"/> X Other (specify)    Alpha Chloralose	

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

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> 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 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> 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> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$3000</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> 5/26/10	<b>F. DATE OF INVESTIGATION</b> 5/26/10
<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. 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 50 cormorants using shooting combined with an intensive harassment program. Harassment should include those methods that have been most successful. Additional harassment might include the use of a automated propane cannon to simulate the sound of gunfire.

<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> Citrus 78-752 Avenue 52 La Quinta, CA 92253 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 78-752 Avenue 52 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

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> 8/17/10	<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	500	American coots damaging golf course grass, turf, greens and fairways from feeding and droppings. MB133637
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 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 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> City of Temecula P.O. BOX 9033 Temecula, CA 92589 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Temecula Duck Pond 28250 Ynez Rd. Harveston Lake Park 29005 Lake House Rd, Temecula, CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    951-694-6480		<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> Landscape damage, large amount of feces on sidewalks and in ponds	<b>C. NATURE OF DAMAGE</b> Dead grass from feces, and eating grass. Human health safety concerns from droppings.

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 grass and clean up feces	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total <b>\$40,000</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> 7/22/10	<b>F. DATE OF INVESTIGATION</b> 7/22/10
<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	500	MB819546.
2. Mallards	200	
3. Wigeons	100	
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 poor results with human harassment, exclusion, habitat alteration, and discourage of nesting.

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

<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> The Classic Club 75-200 Classic Club BLVD. Palm Desert, CA 92211  (b)(6)		<b>2. LOCATION OF DAMAGE</b> 75-500 Varner Rd Palm Desert, CA 92211	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-601-3691		<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> Birds eating grass and turf, excessive droppings

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>\$ 8000</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.    coots	600	
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 attempted to used pyrotechnics, scarecrows, exclusion, habitat alteration, human harassment, and dog harassment. All of these methods have had fair or poor results.

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

<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> (b)(6) Crosby Club PO BOX 2504 Rancho Santa Fe, CA 92067		<b>2. LOCATION OF DAMAGE</b> 17273 Ben Crosby Blvd. San Diego, CA	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-759-3752			

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 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 type="checkbox"/> <input checked="" type="checkbox"/> Total        \$1000	
<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. Coots	50	
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)	
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<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> Human harassment but no success.	
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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> Desert Island Golf & Country Club 71-777 Frank Sinatra Drive Rancho Mirage, CA 92270 Attn: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 71-777 Frank Sinatra Drive	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work	760-328-0841		

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, parks	<b>C. NATURE OF DAMAGE</b> Droppings on grass/turf and consumption of grass/turf on greens and fairways.

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Labor and material cost to re-seed/re-turf and cleanup.	<b>B. DOLLAR LOSS</b> <i>(If available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$    12,000	<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 through April	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 9/7/10	<b>F. DATE OF INVESTIGATION</b> 9/7/10
<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	3000	Renew permit MB685807-0
2. Canadian Geese	500	This has become a severe health hazard from droppings near snack bars, dining locations, sidewalks, and playground areas. Several people in the community have health concerns, and reports of a decrease of property value.
3.		
4.		
5.		

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 poor results with mylar tape/balloons, exclusions, pyrotechnics, scarecrows, nesting discouragement and human harassment.

9. DEPREDATION PERMIT
WS RECOMMENDED PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: Recommend permit be issued to take 600 coots and 75 geese by shooting, trapping and/or tranquilizing using Alpha-Chloralose and euthanasia via carbon dioxide inhalation. Alpha-Chloralose can only be administered by USDA-AHIS-WS personnel or an approved pest control operator. Permit conditions should also include an active hazing/harassment program to deter coots and geese from remaining on the property.

<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>11. WS INVESTIGATOR'S SIGNATURE</b>   <b>12. FOR USE BY DEPREDATION PERMIT AGENCY</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> 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	
<b>TELEPHONE</b> <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>D. DURATION/TIME PERIOD OF DAMAGE</b> Sept - Apr		<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 7/26/10	
<b>F. DATE OF INVESTIGATION</b> 7/26/10		<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	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)	
<b>C. METHODS ATTEMPTED, RESULTS, COMMENTS</b> 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. 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> 05ABW 5 East Popson Avenue Edwards AFB, CA 93524-8060 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> Edwards AFB	
<b>3. COUNTY</b> Kern		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    661-277-2017			

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> 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> 12 bird strikes	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> X Total    none	<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> 1/13/10	<b>F. DATE OF INVESTIGATION</b> 1/13/10
<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. 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"/> 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    Nest/egg removal <input checked="" type="checkbox"/> X Habitat alteration and/or barriers <input checked="" type="checkbox"/> X Shooting <input checked="" type="checkbox"/> X 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"/> X 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> Fairbanks Ranch Association P.O. BOX 8166 Rancho Santa Fe, CA 92067 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 17651 Circa Del Norte Rancho Santa Fe, CA 92067	
<b>3. COUNTY</b> San Diego		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    858-756-4793			

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> Landscape damage, golf course	<b>C. NATURE OF DAMAGE</b> Droppings, and damage to lawns, turf

6. DAMAGE ESTIMATE		
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> Cleanup and reseeding costs	<b>B. DOLLAR LOSS</b> <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total    \$ 15,000	<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-May	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 11/16/10	<b>F. DATE OF INVESTIGATION</b> 11/16/10
<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. 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 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**  
 The cooperators reported poor results with pyrotechnics, human harassment, and dog harassment.

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

<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>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 31-251 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>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"/> 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 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 Total <b>\$10,000</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> 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"/> 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	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"/> 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)				

**C. METHODS ATTEMPTED, RESULTS, COMMENTS**  
 The cooperators 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 175 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> Hideaway Country Club 30955 Ave. 52 La Quinta, CA 92253 ATTN: (b)(6)		<b>2. LOCATION OF DAMAGE</b> 80955 Ave. 52	
<b>3. COUNTY</b> Riverside		<b>4. STATE</b> CA	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work    760-391-5072			

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> 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"/> X Total <b>\$ 15,000</b>	
<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"/> X Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other	

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American Coot	300	Renew permit MB051115-0
2. American Widgeon	300	
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> 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"/> X Yes <input type="checkbox"/> No	
If "YES" suggested conditions of permit: Recommend permit be issued to remove 200 coots and 75 widgeon 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>	

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) Orange County School District La Veta Elementary School 2800 E. La Veta Ave Orange, CA		<b>2. LOCATION OF DAMAGE</b> La Veta Elementary School	
<b>3. COUNTY</b> Orange		<b>4. STATE</b> CA	
<b>TELEPHONE</b> †Home    XWork    714-997-6155			

5. RESOURCE		
<b>A. RESOURCE CATEGORY</b> † Agricultural Property    † Natural Resource X Human Health/Safety	<b>B. SPECIFIC RESOURCE(S) DAMAGED</b> Human Health/Safety	<b>C. NATURE OF DAMAGE</b> People attacked by aggressive Cooper's Hawks, 1 person injured needed medical attention

6. DAMAGE ESTIMATE			
<b>A. QUANTITY OF LOSS AND UNIT OF MEASURE</b> <i>(Pounds, acres, each, etc.)</i> injuries	<b>B. DOLLAR LOSS</b> <i>(if available)</i> † Per Unit Total    \$ NA	<b>C. LOSS CONFIRMED BY WS</b> † Yes    X No	
<b>D. DURATION/TIME PERIOD OF DAMAGE</b> April-present	<b>E. DATE ASSISTANCE REQUEST RECEIVED</b> 6-2-10	<b>F. DATE OF INVESTIGATION</b> 6-2-10	<b>G. INVESTIGATION TYPE</b> † Site Visit    X Telephone † Letter        Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Cooper's Hawks	2 adults, 1 nest	
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> † Harassment or hazing techniques    X † Lethal trapping    X † Trap and relocate    nest/egg removal X † Habitat alteration and/or barriers    X † Shooting    x † Other (specify)	

**C. METHODS ATTEMPTED, RESULTS, COMMENTS**  
 Students and school employees have been attacked several times in the past month by 2 Cooper's Hawks that are nested in a tree on school property. The students have avoided the area, but the hawks have become more aggressive. I person was physically injured and needed medical attention on May 28, 2010.

9. DEPREDATION PERMIT	
WS RECOMMENDED PERMIT BE ISSUED:    X † Yes    † No	
If "YES" suggested conditions of permit: Wildlife Services recommends the cooperator be allowed to lethally or non-lethally removed the nest/eggs/chicks. The chicks or eggs should be cared for by a wildlife rehabilitator if it is possible. If the adult hawks are still aggressive and can not be trapped or harassed from the area, school officials should be allowed to lethally remove the birds.	

<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**

<b>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER</b> <i>(Include business/agency name if appropriate)</i> Lakefront I 18 Wimbledon Dr. Rancho Mirage, CA 92270 (b)(6)		<b>2. LOCATION OF DAMAGE</b> 18 Wimbledon Dr. Rancho Mirage, CA 92270	
<b>TELEPHONE</b> <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work		<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>\$ 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 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>	

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)	

**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>	