

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Critter Control c/o (b)(6) 12985 Silver Wolf Road Reno, Nevada 89511 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775 722-2030	2. LOCATION OF DAMAGE Homeowners house	
	3. COUNTY Washoe	4. STATE Nevada

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Pecking into house	NATURE OF DAMAGE Structure damage
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Holes in the house.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$4,000	C. LOSS CONFIRMED BY WS Yes No X	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the spring months.	E. DATE ASSISTANCE REQUEST RECEIVED March 26, 2010	F. DATE OF INVESTIGATION N/A	G. INVESTIGATION TYPE Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

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

8. WS ASSISTANCE PROVIDED

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

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

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator has used to exclude the birds with low success.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
WS recommends a permit be issued for removing (lethal) offending northern flickers that are causing damage to the areas of concern. All removed birds will be disposed of by all applicable laws.

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i></p> <p align="center">(b)(6)</p>	<p>2. LOCATION OF DAMAGE</p> <p align="center">(b)(6)</p>		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Humboldt</td> <td style="width:50%;">4. STATE Nevada</td> </tr> </table>	3. COUNTY Humboldt	4. STATE Nevada
3. COUNTY Humboldt	4. STATE Nevada		

5. RESOURCE

<p>A. RESOURCE CATEGORY</p> <p><input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource</p> <p><input checked="" type="checkbox"/> Property <input type="checkbox"/> Human health safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED</p> <p>Human health and safety issue fecal matter on sidewalks, toys, patio, cars and house. Reports that roof is affected.</p>	<p>C. NATURE OF DAMAGE</p> <p>Turkey vultures defecating large amounts on side walks, cars and house.</p>
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6. DAMAGE ESTIMATE

<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i></p> <p>Annually reports \$3,000+ of damage for clean-up.</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit</p> <p><input checked="" type="checkbox"/> Total Approx.: \$3,100</p>	<p>C. LOSS CONFIRMED BY WS</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>D. DURATION /TIME PERIOD OF DAMAGE</p> <p>Year around damage but mainly spring, summer & fall months</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED</p> <p>April 8th, 2010</p>	<p>F. DATE OF INVESTIGATION</p> <p>N/A</p>
<p>G. INVESTIGATION TYPE</p> <p><input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Other</p>		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Turkey vultures	200	Damage to property
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

Direct Control Equipment Other (specify)

Technical Assistance Supplies

B. RECOMMENDED ACTION(S)

Harassment or hazing techniques Lethal trapping Trap and relocate

Habitat alteration and/or barriers Shooting Other (specify) Egg/nest destruction

C. METHODS ATTEMPTES, RESULTS, and COMMENTS: Has tried noise makers and various non-lethal scare tactics in the past few years. This has been an ongoing problem and occasional shooting seems to resolve the problem for long periods of time (2-3 weeks).

9. DEPREDATION PERMIT

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

The homeowner should be allowed to remove up to 15 turkey vultures by method of shooting with a shotgun. The homeowner should use non-toxic steel shot and dispose of the turkey vulture carcasses in accordance with all applicable local and state laws.

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

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

(b)(6)

2. LOCATION OF DAMAGE

(b)(6)

3. COUNTY
Nye

4. STATE
Nevada

5. RESOURCE

A. RESOURCE CATEGORY

- Agricultural Natural Resource
 Property Human health safety

B. SPECIFIC RESOURCE(S) DAMAGED
Pistachio orchard

C. NATURE OF DAMAGE
Depredation/contamination

6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE *(Pounds, acres, each, etc.)*
Annually reports damage caused by ravens to his 1900 trees.

B. DOLLAR LOSS *(if available)*
 Per Unit
 Total Approx.: \$9,000

C. LOSS CONFIRMED BY WS
 Yes No

D. DURATION /TIME PERIOD OF DAMAGE
This is year around damage but more so in the fall months.

E. DATE ASSISTANCE REQUEST RECEIVED
July 12, 2010

F. DATE OF INVESTIGATION
Prior to by a former employee

G. INVESTIGATION TYPE
 Site Visit Telephone
 Letter Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES

B. NUMBER INVOLVED

C. COMMENTS

1. Common raven

900

During the height of the fall harvest season cooperators will have several hundred ravens in the trees consuming his crop.

2.

3.

4.

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

- Direct Control Equipment Other (specify)
 Technical Assistance Supplies

B. RECOMMENDED ACTION(S)

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

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator has used pyrotechnics and effigies to aid in removing ravens. Shooting appears to work well in the fall with consistent persistence.

9. DEPREDATION PERMIT

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

WS recommends a permit be issued for 20% of the ravens in conjunction with non-lethal methods. All removed ravens will be disposed of by all applicable laws.

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

(b)(6)

TELEPHONE (b)(6)

11. WS INVESTIGATOR'S SIGNATURE:

12. FOR USE BY DEPREDATION PERMIT AGENCY

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i></p> <p>Nye County Road Department P.O. Box 887 Tonapah, Nevada 89049 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775 482-8128</p>	<p>2. LOCATION OF DAMAGE</p> <p>Nye County Landfill</p>
<p>3. COUNTY</p> <p>Nye</p>	<p>4. STATE</p> <p>Nevada</p>

5. RESOURCE

<p>A. RESOURCE CATEGORY</p> <p><input checked="" type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED Human health and safety issues with ravens causing damage to equipment (fecal), and machinery.</p>	<p>C. NATURE OF DAMAGE Ravens have left fecal deposits on equipment that is problems for employees. Ravens also take trash from the landfill and deposit it in other locations (littering).</p>
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6. DAMAGE ESTIMATE

<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i></p> <p>Annually reports \$ 5,000 worth of damage.</p>	<p>B. DOLLAR LOSS <i>(if available)</i></p> <p><input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$5,000</p>	<p>C. LOSS CONFIRMED BY WS</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE This is year around damage, but more problematic especially during the fall and winter months.</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED September 27, 2010</p>	<p>F. DATE OF INVESTIGATION N/A</p>	<p>G. INVESTIGATION TYPE</p> <p><input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other Specialist site visit</p>

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	150	
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

Direct Control Equipment Other (specify)
 Technical Assistance Supplies

B. RECOMMENDED ACTION(S)

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

METHODS ATTEMPTED, RESULTS, and COMMENTS: The landfill has tried various non-lethal techniques with very low success.

9. DEPREDATION PERMIT

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

The landfill should be allowed to remove all offending ravens by use of non-toxic steel shot and dispose of the raven carcasses in accordance with all applicable local and state laws. This landfill has been cited before because of an over abundance of problem ravens.

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Carson City Landfill c/o (b)(6) 3505 Butti Way Carson City, Nevada 89701 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 775 283-7403	2. LOCATION OF DAMAGE Area(s) located on the landfill property
3. COUNTY Carson City County	4. STATE Nevada

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Human health and safety issue, disease threat and damage to equipment.	C. NATURE OF DAMAGE Equipment is fowled by feathers and fecal matter, employees and customers.
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Machinery and other equipment. Human health and safety for workers.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx. \$4,000	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE Year around	E. DATE ASSISTANCE REQUEST RECEIVED October 8, 2010	F. DATE OF INVESTIGATION N/A	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. California gulls	600	The California and Ring-billed gulls continue to cause damage to machinery and provide an unsafe environment for employees who work at the landfill.
2. Ring-billed gulls	1000	
3.		
4.		

8. WS ASSISTANCE PROVIDED

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

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

C. METHODS ATTEMPTED, RESULTS, COMMENTS: The landfill has tried to modify the habitat on the facility to make it less attractive for gulls. The method of periodic shooting/hazing of gulls has helped in the past resolve the bird damage. This has been and will be a continual problem on the landfill property.

9. DEPREDATION PERMIT

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

The landfill should be allowed to remove up to five gulls per day by method of shooting with a shotgun. The landfill should use non-toxic steel shot and dispose of the gull carcasses in accordance with applicable local and state laws.

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

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

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER City of Elko Landfill Attn: (b)(6) 1751 College Av. Elko, NV 89801 TELEPHONE 775-777-7395 Office Fax 775-777-7399	2. LOCATION OF DAMAGE Landfill located at 2200 Pinion Rd. Elko, NV 89801
3. COUNTY ELKO	4. STATE NV

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Human health and Safety, Property, Building and Equipment	C. NATURE OF DAMAGE Human health and Safety, Ring-billed Gulls and ravens defecating on buildings and equipment used by employees daily. Scattering household garbage and exposing and eating biohazard materials (dead animals, medical refuse).

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 2 each equipment buildings 11 each equipment 3 working faces (dump pits)	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$10,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year. Worse during spring and summer months, when more birds are present.	E. DATE ASSISTANCE REQUEST RECEIVED February 18, 2010	F. DATE OF INVESTIGATION February 18, 2010	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
Common Ravens	200-300	This is an on-going problem, worse in spring and summer months. Method currently used to protect property and human health and safety is keeping landfill covered, cleaning equipment daily, hazing techniques, and noise making scare devices.
Ring-Billed Gulls	600-1000	

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Harassment,		
C. METHODS ATTEMPTED, RESULTS, COMMENTS: Displaying of effigies (periodically), Harassment (daily). Due to severity of problem over a large area, harassment and effigies provide little protection. Hazing birds combined with limited lethal control works best.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	
That non-lethal techniques continue to be used in conjunction with lethal control. WS also recommends gull and raven removal with a shotgun using non-toxic (steel) shot shell. It is also recommended that WS be added to the depredation permit. (removal of 30 common ravens is sufficient, removal of more than 140 Ring-billed Gulls is recommended).	
10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE:	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> <div style="background-color: gray; width: 100%; height: 40px; text-align: center; color: white; font-weight: bold;">(b)(6)</div>	2. LOCATION OF DAMAGE Throughout ranch, North east of Battle Mountain NV.		
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> 3. COUNTY Lander </td> <td style="width:50%;"> 4. STATE NV </td> </tr> </table>	3. COUNTY Lander	4. STATE NV
3. COUNTY Lander	4. STATE NV		

5. RESOURCE		
A. RESOURCE CATEGORY <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Agriculture, specifically sheep and cattle and livestock feed. Property specifically, livestock buildings and equipment. Human health and Safety, specifically defecating on buildings and equipment used by employees daily.	C. NATURE OF DAMAGE Ravens are killing lambs and ewes and calves by pecking eyes and hind quarters while lambing and calving. Eating livestock feed, defecating on livestock, livestock feed, buildings and equipment.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Lambs, sheep, calves, feed, Buildings, equipment,	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year. Worse during spring when animals are lambing and calving.	E. DATE ASSISTANCE REQUEST RECEIVED February 10, 2010	F. DATE OF INVESTIGATION February 10, 2010	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
Common Ravens	4,000-7,000	This is an on-going problem, and getting worse as the number of ravens is increasing annually. Worse during winter and spring when livestock are being fed, lambing and calving. Method currently used to protect livestock is having a person and dogs to scare offending ravens.

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	B. RECOMMENDED ACTION(S) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Nest destruction, use of lethal toxicant, Harassment
C. METHODS ATTEMPTED, RESULTS, COMMENTS: Displaying of effigies (periodically), Harassment (daily). Due to severity of problem over a large area, harassment and effigies provide little protection.	

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: That the ranch continues to use a variety of non-lethal methods. It is also recommended that WS be added to the depredation permit and provide the specific removal of offending ravens with use of DRC-1339 and shooting until damage is stopped.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100%; height: 40px; text-align: center; color: white; font-weight: bold;">(b)(6)</div> TELEPHONE (AC) <div style="background-color: gray; width: 100px; height: 15px; text-align: center; color: white; font-weight: bold;">(b)(6)</div>	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="background-color: gray; width: 100%; height: 100px;"></div>
11. WS INVESTIGATOR'S SIGNATURE:	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Nellis AFB, Creech AFB and Nevada Test and Training Range ATTN: (b)(6) Natural Resources Program Manager 99th CES/CEANS 4349 Duffer Drive Suite 1601 Nellis AFB Nevada 89191-7007 TELEPHONE <input checked="" type="checkbox"/> Office 702.652.3173</p>	<p>2. LOCATION OF DAMAGE Nellis and Creech Air Force Bases and the Nevada Test and Training Range.</p>
<p>3. COUNTY Clark/Nye/Lincoln</p>	<p>4. STATE NV</p>

5. RESOURCE		
<p>A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED Military aircraft damage, aviation safety, golf course damage (turf, sidewalks, etc.).</p>	<p>C. NATURE OF DAMAGE Wildlife Strike to military aviation. Aviation Safety, landscaping, turf, HHS (Potential disease).</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 136 wildlife strikes to military aircraft where damage was reported. Turf, landscaping (10 golf greens damaged).</p>	<p>B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1.5 million</p>	<p>C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED March 02, 2010</p>	<p>F. DATE OF INVESTIGATION March 02, 2010</p>	<p>G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
California and Ring-billed Gulls.	100	This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), nest destruction. Pyrotechnic harassment and lethal reinforcement of harassment. Permit should also provide for the taking of non T&E species that migrate through.
Mourning doves	2,000	
Horned larks	2,000	
Red-tail hawks	8	
Canada geese	71	
American coots	250	
Ravens	200	

8. WS ASSISTANCE PROVIDED	
<p>A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies</p>	<p>B. RECOMMENDED ACTION(S) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction</p>
<p>C. METHODS ATTEMPTED, RESULTS, COMMENTS: Altering of habitat (daily), pyrotechnic harassment, nest destruction, rodent management, and exploding cannons (daily), and vehicular harassment.</p>	

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit:	
WS recommends a permit be issued to include the above mentioned locations for the removal of all non T&E species that threaten aviation safety at the sites. WS also recommends that the permit include the possibility of nest/egg destruction for any non T&E species that may migrate through and also non lethal trapping w/translocation of raptor species.	

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Boulder Creek Golf Course ATTN (b)(6) PO box 61350 Boulder City, NV 89006-1350 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702.293.9255	2. LOCATION OF DAMAGE 1501 Veterans Memorial Drive; Boulder City, NV
3. COUNTY Clark	4. STATE Nevada

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$23,200	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED March, 25, 2010	F. DATE OF INVESTIGATION March 26, 2010
G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other		

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coots	1000	Coot numbers increase throughout the fall and winter months. Resident Geese continue to cause damage year round.
2. Canada Geese	30-40	
3.		

8. WS ASSISTANCE PROVIDED

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

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator uses habitat manipulation, personal and vehicular harassment. Also received assistance (technical assistance) from WS.

9. DEPREDATION PERMIT

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

WS recommends a permit be issued for removal of 25% of the Canada geese (and nest/egg destruction) and removal of all coots causing damage to the areas of concern. All removed waterfowl will be disposed of by all applicable laws.

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Silver Stone Golf Club ATTN: (b)(6) 6820 Grand Teton Las Vegas, NV 89131 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 396-0194		2. LOCATION OF DAMAGE 6820 Grand Teton Las Vegas, NV, 89131	
		3. COUNTY Clark	4. STATE Nevada

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$10,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED May 24, 2010	F. DATE OF INVESTIGATION May 24, 2010
		G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coots	1000	
2.		
3.		

8. WS ASSISTANCE PROVIDED

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

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

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator utilizes harassment and hazing techniques (utilizing golf carts and dogs) as well as habitat manipulation (decreasing the grass length) to deter waterfowl.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
WS recommends a permit be issued for the removal of all American coots causing damage to the areas of concern. All removed waterfowl will be disposed of by applicable laws.

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

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

5. RESOURCE

A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Water hazards/turf/facilities	C. NATURE OF DAMAGE Contamination/consumption/turf destruction
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6. DAMAGE ESTIMATE

A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Consumption/contamination over entire golf course.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$30,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No	
D. DURATION /TIME PERIOD OF DAMAGE This is year around damage but more so in the fall months.	E. DATE ASSISTANCE REQUEST RECEIVED August 23 rd , 2010	F. DATE OF INVESTIGATION August 30 th , 2010	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES

A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coots	4000	
2.		
3.		

8. WS ASSISTANCE PROVIDED

A. TYPE OF ASSISTANCE PROVIDED

Direct Control Equipment Other (specify)
 Technical Assistance Supplies

B. RECOMMENDED ACTION(S)

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

C. METHODS ATTEMPTED, RESULTS, and COMMENTS: Cooperator uses habitat manipulation and dogs. Cooperator installed shoreline barrier on ponds with no noted success.

9. DEPREDATION PERMIT

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

WS recommends a permit be issued for the removal of up to 400 coots that are causing damage to the areas of concern. All removed waterfowl will be disposed of by all applicable laws.

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

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

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Flamingo Hilton Las Vegas 3555 Las Vegas Blvd. South Las Vegas, NV, 89109 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work (702) 733-3349	2. LOCATION OF DAMAGE Flamingo Hilton Las Vegas Resort
3. COUNTY Clark	4. STATE Nevada

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Landscaping, walkways, swimming pools	C. NATURE OF DAMAGE Consumption of processed feed. Fecal contamination of water features (including swimming pools) and public walkways.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 1 acre of multi-tiered pond, 6 acres of surrounding habitat.	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 16,800	C. LOSS CONFIRMED BY WS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. DURATION /TIME PERIOD OF DAMAGE Year-round	E. DATE ASSISTANCE REQUEST RECEIVED Sept 28, 2010	F. DATE OF INVESTIGATION Sept 28, 2010	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 Mallard	500	Property holds localized population which continues to nest, rear young and damage property. This population segment is tolerated under/outside Wildlife Services A-C use restrictions (e.g. 30 days prior to and during legal hunting seasons).
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction
C. METHODS ATTEMPTED, RESULTS, and COMMENTS; Due to presence of owned wildlife, habitat placement, tourism and resort dynamics no alternative hazing or removal efforts are available/reasonable.	

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

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

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

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Nellis AFB, Creech AFB and Nevada Test and Training Range ATTN: (b)(6) Natural Resources Program Manager 99 th CES/CEANS 4349 Duffer Drive Suite 1601 Nellis AFB Nevada 89191-7007 TELEPHONE <input checked="" type="checkbox"/> Office 702.652.3173	2. LOCATION OF DAMAGE Nellis and Creech Air Force Bases and the Nevada Test and Training Range.		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">3. COUNTY Clark/Nye/Lincoln</td> <td style="width:50%;">4. STATE NV</td> </tr> </table>	3. COUNTY Clark/Nye/Lincoln	4. STATE NV
3. COUNTY Clark/Nye/Lincoln	4. STATE NV		

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Military aircraft damage, aviation safety, golf course damage (turf, sidewalks, etc.).	C. NATURE OF DAMAGE Wildlife Strike to military aviation. Aviation Safety, landscaping, turf, HHS (Potential disease).

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 136 wildlife strikes to military aircraft where damage was reported. Turf, landscaping (10 golf greens damaged).	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total \$ 1.5 million	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.	E. DATE ASSISTANCE REQUEST RECEIVED March 02, 2010	F. DATE OF INVESTIGATION March 02, 2010	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other
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7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
California and Ring-billed Gulls.	100	This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), nest destruction. Pyrotechnic harassment and lethal reinforcement of harassment. Permit should also provide for the taking of non T&E species that migrate through.
Mourning doves	2,000	
Horned larks	2,000	
Red-tail hawks	8	
Canada geese	71	
American coots	250	
Ravens	200	

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

B. RECOMMENDED ACTION(S) Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction	
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C. METHODS ATTEMPTED, RESULTS, COMMENTS: Altering of habitat (daily), pyrotechnic harassment, nest destruction, rodent management, and exploding cannons (daily), and vehicular harassment.

9. DEPREDATION PERMIT

WS RECOMMENDS PERMIT BE ISSUED: Yes No If "YES" suggested conditions of permit:
 WS recommends a permit be issued to include the above mentioned locations for the removal of all non T&E species that threaten aviation safety at the sites. WS also recommends that the permit include the possibility of nest/egg destruction for any non T&E species that may migrate through and also non lethal trapping w/translocation of raptor species.

10. WS INVESTIGATOR NAME AND ADDRESS (Print) <div style="background-color: gray; width: 100%; height: 40px; margin-top: 5px;"></div> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY
11. WS INVESTIGATOR'S SIGNATURE:	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> (b)(6) 550 W 2 nd St, Battle Mountain, NV 89820 TELEPHONE : Home Work 75-635-2728	2. LOCATION OF DAMAGE – Lander Co landfill 3. COUNTY Lander	4. STATE NV
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Landfill Equipment Human Health & safety	C. NATURE OF DAMAGE Feces accumulation. Health threat from ravens carrying refuse to local residences.

6. DAMAGE ESTIMATE		
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> \$7,500 in salary expense & maintenance costs.	B. DOLLAR LOSS <i>(if available)</i> <input checked="" type="checkbox"/> Per year <input type="checkbox"/> Total Approx.:	C. LOSS CONFIRMED BY WS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

D. DURATION /TIME PERIOD OF DAMAGE Year round with increased damage in the summer months.	E. DATE ASSISTANCE REQUEST RECEIVED 12/22/10	F. DATE OF INVESTIGATION 12/22/10	G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other
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7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. common raven	150	Ravens seen on a daily basis with increased numbers in the summer months.
2.		
3.		
4.		

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

B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Habitat alteration and/or barriers	<input type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Shooting	<input type="checkbox"/> Trap and relocate <input type="checkbox"/> Other (specify) Egg/nest destruction
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C. METHODS ATTEMPTED, RESULTS, COMMENTS Cooperator regularly applies hazing techniques with direct use of employees as well as a propane cannon.

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

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Lockwood Regional Landfill Attn: (b)(6) 2401 Canyon Way Sparks, NV 89434 TELEPHONE 775-342-0401 ext 203 <input checked="" type="checkbox"/> Office Fax 775-342-2328	2. LOCATION OF DAMAGE At Landfill and the adjacent areas.
3. COUNTY Storey	4. STATE NV

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Droppings on site cause for concern to property, human health/ Safety and disruption of landfill operations.	C. NATURE OF DAMAGE Dropping and presence at the landfill lead to potential disease vector.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Each (Landfill site and adjacent areas.)	B. DOLLAR LOSS <i>(if available)</i> <input checked="" type="checkbox"/> Per Unit <input type="checkbox"/> Total \$ 4,000.00	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This problem is on-going throughout the year.	E. DATE ASSISTANCE REQUEST RECEIVED May 11, 2010	F. DATE OF INVESTIGATION May 11, 2010	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES California and Ring-billed Gulls.	B. NUMBER INVOLVED 2,500-3,000	C. COMMENTS This is an on-going problem. Efforts are concentrated on altering of habitat (covering of garbage), displaying of dead gulls as a scare device and exploding cannons have been used to disrupt gull activity.

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

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

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

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

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

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

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Human health and safety issues	C. NATURE OF DAMAGE Threat of a wildlife strike

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Human health & safety threat	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: NA	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE This is a year around threat for the airport	E. DATE ASSISTANCE REQUEST RECEIVED 3/10/2010	F. DATE OF INVESTIGATION 3/12/2010	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. All migratory birds except eagles & T&E species	(as needed)	Year around threat with increased risk seasonally
2. Raptors (trap & relocate)	(10-15)	
3.		
4.		

8. WS ASSISTANCE PROVIDED		
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input checked="" type="checkbox"/> Supplies		
B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input checked="" type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other (specify) Egg/nest destruction		
C. METHODS ATTEMPTED, RESULTS, COMMENTS: Airport operations have tried various types of harassment techniques including cracker shells. They have modified habitat by keeping the grass mowed as well as removal of fruit producing trees, converting open waterways to covered systems, and graveling the infield. The airport has also contracted with USDA/Wildlife Services to help minimize problems with birds and other wildlife. This has been an ongoing problem in the past and will require ongoing management in the future. Exclusion system is design phase to reduce need to remove swallow nests.		

9. DEPREDATION PERMIT	
WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "YES" suggested conditions of permit: All shooting will be conducted with non toxic shot. Animal carcasses will be disposed IAW applicable laws/ordinances and regulations.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> <div style="background-color: gray; width: 100px; height: 40px; margin-bottom: 5px;"></div> (b)(6) TELEPHONE <div style="background-color: gray; width: 80px; height: 15px; display: inline-block;"></div> (b)(6)	12. FOR USE BY DEPREDATION PERMIT AGENCY <div style="border: 1px solid black; height: 100px;"></div>
11. WS INVESTIGATOR'S SIGNATURE:	

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

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

5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human Health/ Safety	B. SPECIFIC RESOURCE(S) DAMAGED Greens, aprons, fairways and several small lakes	C. NATURE OF DAMAGE Consumption of seed, grass and fecal contamination

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> 160 acres but they are mainly around five holes (25-30% of area)	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$50,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
D. DURATION /TIME PERIOD OF DAMAGE October thru March	E. DATE ASSISTANCE REQUEST RECEIVED Nov, 23, 2010	F. DATE OF INVESTIGATION Nov, 23, 2010	G. INVESTIGATION TYPE <input checked="" type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. American coot	2,200	Higher populations during the migration period.
2.		
3.		
4.		

8. WS ASSISTANCE PROVIDED	
A. TYPE OF ASSISTANCE PROVIDED <input checked="" type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input type="checkbox"/> Other (specify) Alpha-Chloralose when employees are employed in the area. <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies	

B. RECOMMENDED ACTION(S) <input checked="" type="checkbox"/> Harassment or hazing techniques <input checked="" type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input checked="" type="checkbox"/> Shooting <input type="checkbox"/> Other (specify) DRC-1339 through WS	
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C. METHODS ATTEMPTED, RESULTS, COMMENTS : Cooperators have harassed bird into the water, removed all tule's and vegetation. Have screened off some areas.

9. DEPREDATION PERMIT

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

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

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

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

MIGRATORY BIRD DAMAGE PROJECT REPORT

<p>1. COOPERATOR NAME, ADDRESS, AND TELEPHONE NUMBER <i>(Include business/agency name if appropriate)</i> Sierra Pacific Power Company (DBA NV Energy) ATTN: (b)(6) P.O. Box 98910, Mail Stop 30 Las Vegas, NV, 89151 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 402- 2647</p>	<p>2. LOCATION OF DAMAGE State wide</p>
	<p>3. COUNTY All</p>
	<p>4. STATE Nevada</p>

5. RESOURCE		
<p>A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety</p>	<p>B. SPECIFIC RESOURCE(S) DAMAGED Power outages, Transformers, Wires, Human Health and Safety</p>	<p>C. NATURE OF DAMAGE Ravens are nesting on power poles and causing a potential fire hazard as well as damaging transformers, wires and poles.</p>

6. DAMAGE ESTIMATE			
<p>A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Repairs of structures, restringing cable,</p>	<p>B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 150,000</p>	<p>C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>D. DURATION /TIME PERIOD OF DAMAGE Predominately occurring during breeding season from February to June</p>	<p>E. DATE ASSISTANCE REQUEST RECEIVED 6/8/10</p>	<p>F. DATE OF INVESTIGATION 6/8/10</p>	<p>G. INVESTIGATION TYPE <input type="checkbox"/> Site Visit <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other</p>

7. MIGRATORY BIRD SPECIES		
A. DEPREDATING SPECIES	B. NUMBER INVOLVED	C. COMMENTS
1. Common Ravens	78	Individual reports, a total of 39 nests which included 103 eggs were removed last year.
2.		
3.		

8. WS ASSISTANCE PROVIDED		
<p>A. TYPE OF ASSISTANCE PROVIDED <input type="checkbox"/> Direct Control <input type="checkbox"/> Equipment <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Technical Assistance <input type="checkbox"/> Supplies</p>		
<p>B. RECOMMENDED ACTION(S) <input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input checked="" type="checkbox"/> Nest/egg removal/destruction</p>		
<p>C. METHODS ATTEMPTES, RESULTS, and COMMENTS; Anti perch devices placed on structures to discourage nesting.</p>		

9. DEPREDATION PERMIT	
<p>WS RECOMMENDS PERMIT BE ISSUED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" suggested conditions of permit: WS recommends a permit be issued for the removal of all raven nests and egg causing damage/threat to the structures of concern. All removed ravens nests/eggs will be disposed in accordance with applicable laws.</p>	

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

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 <i>(Include business/agency name if appropriate)</i> Sierra Pacific Power Company (DBA NV Energy) ATTN: (b)(6) P.O. Box 98910, Mail Stop 30 Las Vegas, NV, 89151 TELEPHONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Work 702 402-2647	2. LOCATION OF DAMAGE State wide 3. COUNTY All 4. STATE Nevada
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5. RESOURCE		
A. RESOURCE CATEGORY <input type="checkbox"/> Agricultural <input type="checkbox"/> Natural Resource <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Human health safety	B. SPECIFIC RESOURCE(S) DAMAGED Power outages, Transformers, Wires, Human Health and Safety	C. NATURE OF DAMAGE Ravens are nesting on power poles and causing a potential fire hazard as well as damaging transformers, wires and poles.

6. DAMAGE ESTIMATE			
A. QUANTITY OF LOSS AND UNIT OF MEASURE <i>(Pounds, acres, each, etc.)</i> Repairs of structures, restringing cable,	B. DOLLAR LOSS <i>(if available)</i> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Total Approx.: \$ 150,000	C. LOSS CONFIRMED BY WS <input checked="" type="checkbox"/> Yes No	
D. DURATION /TIME PERIOD OF DAMAGE Predominately occurring during breeding season from February to June	E. DATE ASSISTANCE REQUEST RECEIVED 6/8/10	F. DATE OF INVESTIGATION 6/8/10	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. Common Ravens	78	Individual reports, a total of 39 nests which included 103 eggs were removed last year.
2.		
3.		

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

B. RECOMMENDED ACTION(S) <input type="checkbox"/> Harassment or hazing techniques <input type="checkbox"/> Lethal trapping <input type="checkbox"/> Trap and relocate <input checked="" type="checkbox"/> Habitat alteration and/or barriers <input type="checkbox"/> Shooting <input checked="" type="checkbox"/> Nest/egg removal/destruction		
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C. METHODS ATTEMPTED, RESULTS, and COMMENTS; Anti perch devices placed on structures to discourage nesting.

9. DEPREDAATION PERMIT

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

WS recommends a permit be issued for the removal of all raven nests and egg causing damage/threat to the structures of concern. All removed ravens nests/eggs will be disposed in accordance with applicable laws.

10. WS INVESTIGATOR NAME AND ADDRESS <i>(Print)</i> (b)(6) TELEPHONE (b)(6)	12. FOR USE BY DEPREDAATION PERMIT AGENCY
11. WORKING NATURE: (b)(6)	