



STATE OF NEVADA – DEPARTMENT OF WILDLIFE

Industrial Artificial Pond Permit  
(Pursuant to NRS 502.390)

Quarterly Mortality Report Form



Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Permit S. \_\_\_\_\_

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Check box if there were ZERO MORTALITIES

Date of Discovery	Wildlife Type	Species (if available)	Number	UTM Easting	UTM Northing	General Location	Disposal Status	Immd. Report.	Solution Related	WAD CN Sample Location & Date	WAD CN (ppm)

\*Additional reporting form on last page of report.

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Permit ID: S. \_\_\_\_\_  
Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

**Other Remarks:**

I, the undersigned, certify that to the best of my knowledge the information provided on this report is correct and true:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted By: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



