



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: _____

