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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|
| NOAA FORM 17-4<br>(4-81)                                                                                                                                                                                                                                                                                                                                       |  |       | U.S. DEPARTMENT OF COMMERCE<br>NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION                                                                                                                                                                                                                                                                                   |                        |              | Form Approved OMB Control No. 0648-0025<br>Expires 05/31/2027                                                                                                                                                                                        |              |                        |
| <b>INITIAL REPORT ON WEATHER MODIFICATION ACTIVITIES</b><br><br>This report is required by Public Law 92-205; 85 Stat. 735; 15 U.S.C. 330b. Knowing and willful violation of any rule adopted under the authority of Section 2 of Public Law 92-205 shall subject the person violating such rule to a fine of not more than \$10,000, upon conviction thereof. |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | Complete in accordance with instructions on reverse and forward one copy to:<br>National Oceanic and Atmospheric Administration<br>Office of Oceanic and Atmospheric Research<br>1315 East-West Highway, WWMC-3, Rm 11216<br>Silver Spring, MD 20910 |              |                        |
| <b>1. PROJECT OR ACTIVITY DESIGNATION, IF ANY</b>                                                                                                                                                                                                                                                                                                              |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | <b>2. DATES OF PROJECT</b><br><br>a. DATE FIRST ACTUAL WEATHER MODIFICATION ACTIVITY IS TO BE UNDERTAKEN<br><br>b. EXPECTED TERMINATION DATE OF WEATHER MODIFICATION ACTIVITIES                                                                      |              |                        |
| <b>3. PURPOSE OF PROJECT OR ACTIVITY</b>                                                                                                                                                                                                                                                                                                                       |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| <b>4. (a) SPONSOR</b><br><br>NAME                                                                                                                                                                                                                                                                                                                              |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | <b>4. (b) OPERATOR</b><br><br>NAME                                                                                                                                                                                                                   |              |                        |
| AFFILIATION                                                                                                                                                                                                                                                                                                                                                    |  |       |                                                                                                                                                                                                                                                                                                                                                                  | PHONE NUMBER           |              | AFFILIATION                                                                                                                                                                                                                                          |              | PHONE NUMBER           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                 |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | STREET ADDRESS                                                                                                                                                                                                                                       |              |                        |
| CITY                                                                                                                                                                                                                                                                                                                                                           |  | STATE | ZIP CODE                                                                                                                                                                                                                                                                                                                                                         |                        | CITY         |                                                                                                                                                                                                                                                      | STATE        | ZIP CODE               |
| <b>5. TARGET AND CONTROL AREAS (See Instructions)</b>                                                                                                                                                                                                                                                                                                          |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| TARGET AREA                                                                                                                                                                                                                                                                                                                                                    |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        | CONTROL AREA |                                                                                                                                                                                                                                                      |              |                        |
| LOCATION                                                                                                                                                                                                                                                                                                                                                       |  |       |                                                                                                                                                                                                                                                                                                                                                                  | SIZE OF AREA<br>SQ. MI | LOCATION     |                                                                                                                                                                                                                                                      |              | SIZE OF AREA<br>SQ. MI |
| <b>6. DESCRIPTION OF WEATHER MODIFICATION APPARATUS, MODIFICATION AGENTS AND THEIR DISPERSAL RATES, THE TECHNIQUES EMPLOYED, ETC. (See Instructions)</b>                                                                                                                                                                                                       |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| <b>7. LOG BOOKS</b> Enter name, affiliation, address, and telephone number of responsible individual from whom log books or other records may be obtained.                                                                                                                                                                                                     |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                           |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| AFFILIATION                                                                                                                                                                                                                                                                                                                                                    |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        | PHONE NUMBER |                                                                                                                                                                                                                                                      |              |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                 |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| CITY                                                                                                                                                                                                                                                                                                                                                           |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        | STATE        |                                                                                                                                                                                                                                                      | ZIP CODE     |                        |
| <b>8. SAFETY AND ENVIRONMENT</b>                                                                                                                                                                                                                                                                                                                               |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| YES                                                                                                                                                                                                                                                                                                                                                            |  | NO    | Has an Environmental Impact Statement, Federal or State, been filed? If yes, please furnish a copy as applicable.                                                                                                                                                                                                                                                |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| YES                                                                                                                                                                                                                                                                                                                                                            |  | NO    | Have provisions been made to acquire the latest forecasts, advisories, warnings, etc., of the National Weather Service, Forest Service, or others when issued prior to and during operations? If yes, please specify on a separate sheet.                                                                                                                        |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| YES                                                                                                                                                                                                                                                                                                                                                            |  | NO    | Have any safety procedures ( <i>operational constraints, provisions for suspension of operations, monitoring methods, etc.</i> ) and any environmental guidelines ( <i>related to the possible effects of the operations</i> ) been included in the operational plans? If yes, please furnish copies or a description of the specific procedures and guidelines. |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| <b>9. OPTIONAL REMARKS</b> (See instructions. Use Separate Sheet).                                                                                                                                                                                                                                                                                             |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              |                                                                                                                                                                                                                                                      |              |                        |
| <b>CERTIFICATION:</b> I certify that all statements in this report on this weather modification project are complete and correct to the best of my knowledge and are made in good faith.                                                                                                                                                                       |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | NAME OF REPORTING PERSON                                                                                                                                                                                                                             |              |                        |
| AFFILIATION                                                                                                                                                                                                                                                                                                                                                    |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | SIGNATURE<br><b>Harrison Thomas</b>                                                                                                                                                                                                                  |              |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                 |  |       |                                                                                                                                                                                                                                                                                                                                                                  |                        |              | OFFICIAL TITLE                                                                                                                                                                                                                                       |              |                        |
| CITY                                                                                                                                                                                                                                                                                                                                                           |  | STATE | ZIP CODE                                                                                                                                                                                                                                                                                                                                                         |                        | DATE         |                                                                                                                                                                                                                                                      | PHONE NUMBER |                        |

## INSTRUCTIONS FOR INITIAL REPORT ON WEATHER MODIFICATION ACTIVITIES

One completed copy of this form is to be received 10 days\* or more prior to actual modification activities. A NOAA file number will be assigned by the Administrator after receipt of the initial report for each project or activity.

A supplemental report in letter form referring to the appropriate NOAA file number must be made to the Administrator if the "Initial Report" is found to contain any material inaccuracies, misstatements, omissions, or if there are changes in plans for the project or activity.

\*For exceptions, see Sections 908.4(b) and (c), Part 908 of Title 15, Code of Federal Regulations.

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|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item 1 | Enter designation, if any, used by operator for the project or activity.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Item 2 | Enter: (a) Date first actual weather modification activity is to be undertaken;<br>(b) Date on which final weather modification activity is expected to occur.                                                                                                                                                                                                                                                                                                                                                                        |
| Item 3 | Enter the purposes of the project or activity: e.g., rainfall increase, hail suppression, cold fog dispersal, etc.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Item 4 | Enter: (a) Name, phone number, affiliation, and address of the primary person for whom the project is to be performed (sponsor).<br>(b) Name, phone number, affiliation, and address of the person primarily responsible for carrying out the project (operator).                                                                                                                                                                                                                                                                     |
| Item 5 | A map should be attached showing size and location of target area, control area, coded number and location of each item of ground-based weather modification apparatus and coded number and location of key rain gauges, radars, or other precipitation measuring devices. Also show location of airport for airborne operations.                                                                                                                                                                                                     |
| Item 6 | Describe the weather modification apparatus, modification agents, and the techniques to be used. This would include type of ground or airborne apparatus to be used, type of modification material to be dispensed, rate of dispensing material in grams per hour or other appropriate units, type of precipitation gauges to be used in target and control areas, and any other pertinent information such as type of radars, type of aircraft to be used, techniques to be employed (e.g., cloud-based seeding at 10,000 feet msl). |
| Item 7 | List name, phone number, affiliation, and address of the responsible individual from whom log books or other records may be obtained.                                                                                                                                                                                                                                                                                                                                                                                                 |
| Item 8 | Provide applicable answers to questions as indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Item 9 | This item is to permit the reporting person to include any information not covered by items 1 through 8 but which he feels is significant or of interest. It is also to be used to include any information not covered elsewhere that the Administrator may request.                                                                                                                                                                                                                                                                  |

**INFORMATION PROVIDED UNDER THE PROVISIONS  
OF THE  
PAPERWORK REDUCTION ACT OF 1995**

The Paperwork Reduction Act of 1995 requires that individuals or organizations be provided with the following information if they provide information on paper forms which are collected by the Federal Government.

1. Public Law 92-205, enacted December 18, 1971 (amended by Public Law 94-490, Section 6(b), October 15, 1976) requires that all non-federal weather modification activities in the United States and its territories be reported to the Secretary of Commerce. The National Oceanic and Atmospheric Administration has implemented the Act and the current reporting requirements are published in the Code of Federal Regulations (15 CFR 908).
2. The intent of the program is to increase expertise in the field of weather modification, to allow scientists and other concerned persons to have access to information on current and past efforts at weather modification, to help avoid unneeded and wasteful duplications, to aid in preventing territorial overlapping of weather modification operations, to provide data to assess possible harmful or dangerous activities, and to furnish information to check both desirable and undesirable atmospheric changes against records of weather modification efforts. To meet this objective, information is collected on the location and size of the target area, names and addresses of sponsors and operators, beginning and ending dates of the project, specific purpose, description of apparatus and seeding agents to be used, number of days of operations, number of hours of operations of each type of weather modification apparatus, and total amount of seeding agent used.
3. A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0025. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory pursuant to Public Law 92-205, enacted December 18, 1971 (amended by Public Law 94-490, Section 6(b), October 15, 1976). Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the OAR Weather Program Office at [Weather.Modification@noaa.gov](mailto:Weather.Modification@noaa.gov).

## Safety & Environment (Item 8)

### **Suspension Criteria:**

During periods of hazardous weather phenomena associated with both winter orographic and convective precipitation systems, it is sometimes necessary or advisable for the National Weather Service (NWS) to issue special weather bulletins advising the public of the weather phenomena. Those of potential concern in the conduct of this cloud seeding program include the following:

**Flash Flood Warnings:** Issued by the NWS when flash flooding is imminent or in progress.

Seeding operations may be suspended whenever the NWS issues a flood warning for or adjacent to the target area. Flash Flood Warnings are usually issued when heavy rainfall is expected, or when moderate rainfall is expected for extended periods. These are unlikely to occur in this region during the winter season. Other types of flood advisories may be issued as well and should be examined to see whether a suspension is warranted.