

NOAA FORM 17-4A (4-81)										U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION										Form Approved OMB No. 0648-0025 Expires 01/31/2018									
INTERIM ACTIVITY REPORTS AND FINAL REPORT										NOAA FILE NUMBER ID2020AX29										INTERIM REPORT ☐ FINAL REPORT ☒									
This report is required by Public Law 92-205; 85 Stat. 735; 145 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: National Oceanic and Atmospheric Administration Office of Oceanic and Atmospheric Research 1315 East-West Highway SSMC-3 Room 11554 Silver Spring, MD 20910										REPORTING PERIOD FROM 11/01/2019 TO 04/30/2020									
MONTH	(a) NUMBER OF MODIFICATION DAYS	(b) NUMBER OF MODIFICATION DAYS PER MAJOR PURPOSE			(c) HOURS OF APPARATUS OPERATION BY TYPE		(d) TYPE AND AMOUNT OF AGENT USED																						
		INCREASE PRECIPITA- TION	ALLEVIATE HAIL	FOG	OTHER	AIRBORNE	GROUND	SILVER IODIDE	CARBON DIOXIDE	UREA	SODIUM CHLORIDE	OTHER (liquid precipitating agents) (gallons)																	
JANUARY	19	19				107	2,309	63,293					29																
FEBRUARY	6	6				22	596	13,679					2																
MARCH	9	9				11	253	6,001					0																
APRIL	4	4				3	204	4,183																					
MAY																													
JUNE																													
JULY																													
AUGUST																													
SEPTEMBER																													
OCTOBER																													
NOVEMBER	8	8				38	596	17,102					1																
DECEMBER	11	11				54	626	19,603					15																
TOTAL	57	57	0	0	0	235	4,583	123,862	0	0	0	0	47																
TOTALS FOR FINAL REPORT	57	57				235	4,583	123,862					47																
DATE ON WHICH FINAL WEATHER MODIFICATION ACTIVITY OCCURRED (For Final Report only.)														04/15/2020															
CERTIFICATION: 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 Derek Blestrud															
AFFILIATION Idaho Power Company														SIGNATURE 															
STREET ADDRESS 1221 W Idaho St														OFFICIAL TITLE Atmospheric Science Supervisor															
CITY Boise														STATE ID ZIP CODE 83702															