

NOAA FORM 17-4A (4-81)						U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC						Form Approved OMB Control No. 0648-0025 Expires 05/31/2027											
INTERIM ACTIVITY REPORTS AND FINAL REPORT												NOAA FILE NUMBER											
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.												INTERIM REPORT						FINAL REPORT					
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, Rm. 11216 Silver Spring, MD 20910												REPORTING PERIOD											
												FROM						TO					
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		OTHER	AIRBORNE	GROUND	SILVER IODIDE	CARBON DIOXIDE	UREA	SODIUM CHLORIDE	OTHER											
			HAIL	FOG																			
JANUARY																							
FEBRUARY																							
MARCH																							
APRIL																							
MAY																							
JUNE																							
JULY																							
AUGUST																							
SEPTEMBER																							
OCTOBER																							
NOVEMBER																							
DECEMBER																							
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
TOTALS FOR FINAL REPORT																							
DATE ON WHICH FINAL WEATHER MODIFICATION ACTIVITY OCCURRED <i>(For Final Report only.)</i>																							
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											
AFFILIATION												SIGNATURE											
STREET ADDRESS												OFFICIAL TITLE											
CITY				STATE		ZIP CODE		DATE															