



State of Alaska
Department of Fish and Game
Division of Sport Fish

Nomination Form
Anadromous Waters Catalog

dB

Region USGS Quad(s)
 Anadromous Waters Catalog Number of Waterway
 Name of Waterway USGS Name Local Name
 Addition Deletion Correction Backup Information

For Office Use

Nomination # <u>09-989</u> Revision Year: <u>2010</u> Revision to: Atlas _____ Catalog _____ Both _____ Revision Code: <u>F-1</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____ Fisheries Scientist</td> <td style="border-bottom: 1px solid black; text-align: center;">_____ Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> Habitat Operations Manager</td> <td style="border-bottom: 1px solid black; text-align: center;"><u>9/14/09</u> Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____ AWC Project Biologist</td> <td style="border-bottom: 1px solid black; text-align: center;">_____ Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____ Cartographer</td> <td style="border-bottom: 1px solid black; text-align: center;">_____ Date</td> </tr> </table>	_____ Fisheries Scientist	_____ Date	 Habitat Operations Manager	<u>9/14/09</u> Date	_____ AWC Project Biologist	_____ Date	_____ Cartographer	_____ Date
_____ Fisheries Scientist	_____ Date								
 Habitat Operations Manager	<u>9/14/09</u> Date								
_____ AWC Project Biologist	_____ Date								
_____ Cartographer	_____ Date								

OBSERVATION INFORMATION

Species	Date(s) Observed	Spawning	Rearing	Present	Anadromous
Dolly Varden	6/25/2004			X	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

IMPORTANT: Provide all supporting documentation that this water body is important for the spawning, rearing or migration of anadromous fish, including: number of fish and life stages observed; sampling methods, sampling duration and area sampled; copies of field notes; etc. Attach a copy of a map showing location of mouth and observed upper extent of each species, as well as other information such as: specific stream reaches observed as spawning or rearing habitat; locations, types, and heights of any barriers; etc.

Comments: 59.56429, -150.26427 NAD 27

Minnow trap: 3 observed
Soak time: 1315 minutes

Name of Observer (please print): Caroline Jezierski (submitter)
 Signature: _____ Date: 7/28/2009
 Agency: National Park Service
 Address: 500 Adams St Suite 103
Seward, AK 99664

This certifies that in my best professional judgment and belief the above information is evidence that this waterbody should be included in or deleted from the Anadromous Waters Catalog.

Signature of Area Biologist: _____ Date: _____ Revision 05/08
 Name of Area Biologist (please print): _____