



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

**Fish Survey
Nomination Form
Fish Distribution Database**

Region: Southwest

USGS Quad: Dillingham C-3

Fish Distribution Database Number of Waterway: 325-30-10100-2190-3008

Status: Cataloged

Name of Waterway: _____

USGS Name

Local Name

Addition

Deletion

Correction

Backup Information

For Office Use

Nomination # <u>06-590</u>	ADFG Fisheries Scientist	Date
Revision Year: <u>2007</u>	ADNR OHMP Operations Mgr.	Date
Revision to: Atlas _____ Catalog _____ Both	FDD Project Biologist	Date
Revision Code: <u>F-1</u>	Cartographer	Date

Site Information Station: FSN0612D06 Date Observed: 8/13/2006 Legal Desc.: Sec 4, T. 7 S., R. 45 W., S.M. Latitude: Longitude: Datum:

Stream **Depth (m)** **Width (m)** **Water Temp. (C):** **Upstream** 59.59855 -156.93728 WGS84
Parameters: OHW **Stream Stage:** High **Downstream** 59.59813 -156.93813 WGS84
 Wetted **Dominant Substrate:**

Rosgen Channel Type: C4 *Low gradient, meandering, point-bar, riffle/pool, alluvial channels with broad, well-defined floodplains.*

Observation Information

Life History: Resident

Species\Lifestage: Arctic grayling juvenile	Samp. ID (# Fish): A (10)
Species\Lifestage: Alaskan brook lamprey adult	Samp. ID (# Fish): B (1)
Species\Lifestage: slimy sculpin juvenile/adult	Samp. ID (# Fish): A (1)
Species\Lifestage: slimy sculpin juvenile	Samp. ID (# Fish): A (2)
Species\Lifestage: round whitefish juvenile	Samp. ID (# Fish): A (1)

Key to Samp. ID

Samp. ID: A Method: Portable Electrofisher **Electrofisher Time(s): 131 Efficiency: Fair**

Samp. ID: B Method: Visual Observation, Boat

Additional Comments: No anadromous fish observed.

Name of Observer: Mark Somerville

Phone: (907) 269-6969

Date Printed: 10/30/2006

Signature: *Mark Somerville*

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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 Fish Distribution Database.

Signature of Area Biologist: _____ Date: _____