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

Nomination Form
Anadromous Waters Catalog

Region: Westward

USGS Quad(s): **Kodiak A-4**

Anadromous Waters Catalog Number of Waterway: **258-52-10010**

Name of Waterway: **Midway creek**

☐ USGS Name ☑ Local Name

☑ Addition ☐ Deletion ☐ Correction ☑ Backup Information

For Office Use

Nomination # 09-507

Revision Year: 2010

Revision to: Atlas ____ Catalog ____ Both ____

Revision Code: F-1

Fisheries Scientist ____ Date ____

Habitat Operations Manager ____ Date ____

AWC Project Biologist ____ Date 4/20/09

Cartographer ____ Date ____

OBSERVATION INFORMATION

Species	Date(s) Observed	Spawning	Rearing	Present	Anadromous
pink salmon	**67-87,89-08**	y	y	yes	☑
chum salmon	**67-08**	y	y	yes	☑
coho salmon	**73,81-87,89-01,04-07**	y	y	yes	☑
sockeye salmon	**91**	y	y	yes	☑
					☐

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.

Aerial surveys have been conducted on this system since the **1970's** and observers have noted the presence of **pink sockeye, coho and chum salmon**, which has been published in our ADF&G Annual Salmon Management Reports (AMR). Data can be found in RBASE.

Please add sockeye salmon.

Name of Observer (please print): on file; name and date is published in AMR

Signature: ____ Date: ____

Agency: Alaska Department of Fish & Game

Address: 211 Mission Road
Kodiak, Alaska 99615

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 02/08

Name of Area Biologist (please print): Jeff Wadle, FBIII

20-10069-2002
CHs,COs,Ps,DVp
CHs,COs,Ps,DVp
CHs,Ps
CHs,COs,Ps
258-20-10073
KODIAK B-5
KODIAK B-4
258-52-10010
KODIAK A-5
258-52-10020
258-52-10020-2009
CHs,Ps
258-52-10015
258-52-10015-2004
CHs,COs,Ps
CHs,COs,Ps,DVp
KODIAK
CHs,COs,Ps,DVp
KODIAK NATIONAL
258-30-10060
Ps
Ps,DVp
Midway Bay
Sheep I
Bush Pt
Cub I