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

Nomination Form
Anadromous Waters Catalog

13

Region: Westward

USGS Quad(s): **Kodiak B1 and B2**

Anadromous Waters Catalog Number of Waterway: **259-42-10080**

Name of Waterway: **Gull Cape Lagoon**

☐ USGS Name ☑ Local Name

☑ Addition ☐ Deletion ☐ Correction ☑ Backup Information

For Office Use

Nomination #: 09-529

Revision Year: 2010

Revision to: Atlas ____ Catalog ____ Both ____

Revision Code: F-1

Fisheries Scientist — Date

Habitat Operations Manager — Date 4/30/09

AWC Project Biologist — Date

Cartographer — Date

OBSERVATION INFORMATION

Species	Date(s) Observed	Spawning	Rearing	Present	Anadromous
pink salmon	**71,72,75,91,03**	**y**	**y**	**yes**	☑
chum salmon	**69-73,76,78-85,89-94,98-00,02,07**	**08**	**y**	**yes**	☑
coho salmon	**98**	**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, 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 coho salmon.

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

Signature: _____ Date: _____

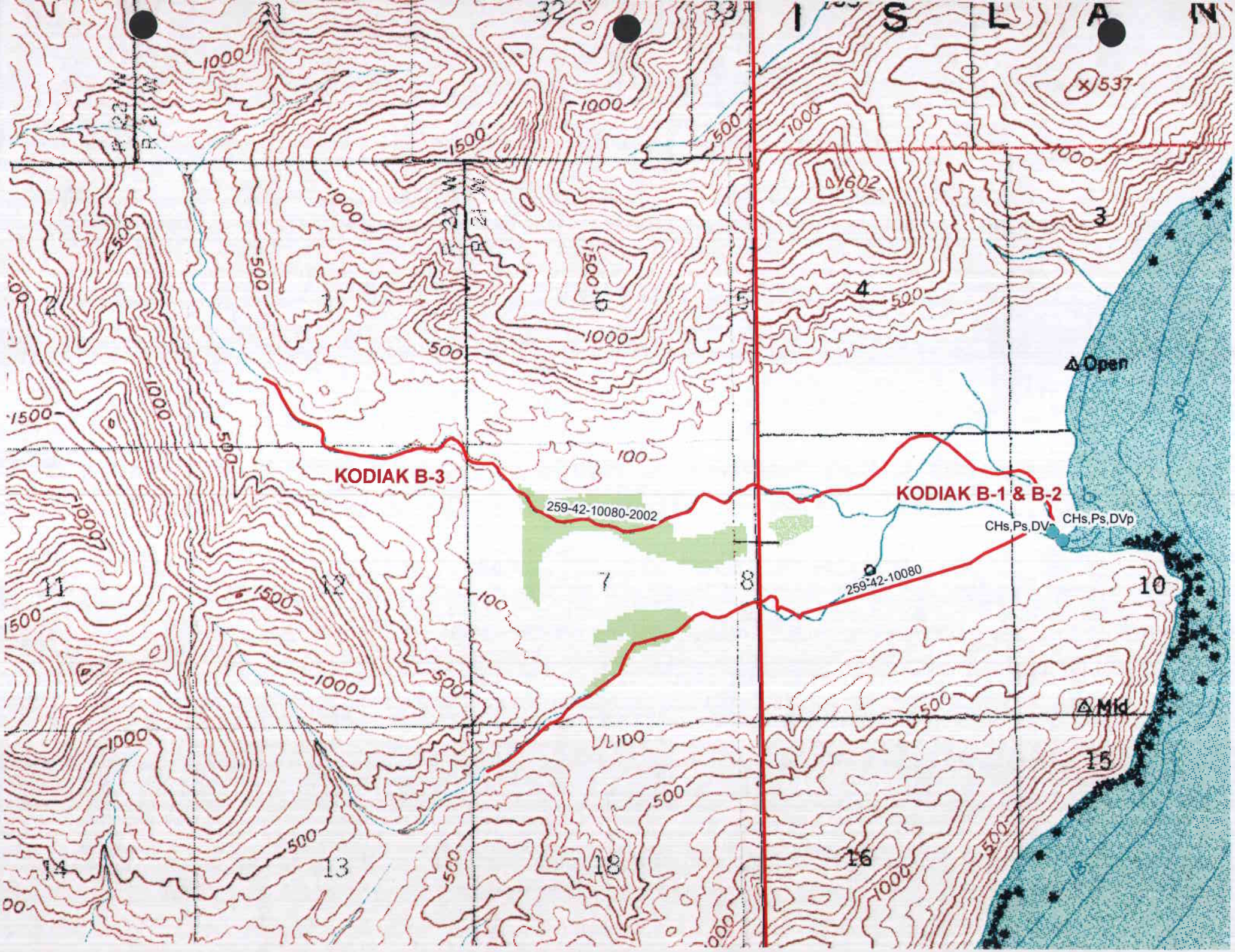
Agency: Alaska Department of Fish & Game

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



KODIAK B-3
KODIAK B-1 & B-2
259-42-10080-2002
259-42-10080
CHs,Ps,DVp
CHs,Ps,DVp
Open
Mid
537
1602