

State of Alaska
 Department of Fish and Game
 Nomination for Waters
 Important to Anadromous Fish

ANC Volume SE SC SW W AR IN USGS Quad KODIAK C-2

Anadromous Water Catalog Number of Waterway 259-24-10020-2013

Name of Waterway _____ USGS name _____ Local name _____

Addition _____ Deletion _____ Correction _____ Backup Information _____

For Office Use

| | | | | | | | | | | | |
|--|--|--|--|---------------------|------|--|--|--|--|---------|------|
| Nomination # _____ Revision Year: <u>94</u> Revision to: Atlas _____ Catalog _____ Both <u>X</u> Revision Code: <u>A-2</u> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:70%;"></td> <td style="border-bottom: 1px solid black; width:30%;"></td> </tr> <tr> <td style="text-align: center;">Regional Supervisor</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Drafted</td> <td style="text-align: center;">Date</td> </tr> </table> | | | Regional Supervisor | Date | | | | | Drafted | Date |
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| Regional Supervisor | Date | | | | | | | | | | |
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| Drafted | Date | | | | | | | | | | |

OBSERVATION INFORMATION

| Species | Date(s) Observed | Spawning | Rearing | Migration | Anadromous |
|---------|------------------|----------|---------|-----------|------------|
| | | | | | |
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| | | | | | |

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 any other information such as: specific stream reaches observed as spawning or rearing habitat; locations, types, and heights of any barriers; etc.

Comments: _____

Name of Observer (please print) _____
 Date: _____ Signature: _____
 Address: _____

This certifies that in my best professional judgement and belief the above information is evidence that this waterbody should be included in or deleted from the Catalog of Waters Important for Spawning, Rearing or Migration of Anadromous Fishes per AS 16.05.870.

Signature of Area Biologist: _____

Add stream

259-24-10020-2014

W/

05

(KODIAK C-3)

