



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

Nomination Form  
Anadromous Waters Catalog

Region  USGS Quad(s)

AWC Number of Water Body

Name of Water body  ☐ USGS Name ☐ Local Name

☐ Addition ☐ Deletion ☐ Correction ☐ Backup Information

For Office Use

Nomination # <input type="text"/>	<input type="text"/>	<input type="text"/>
Revision Year: <input type="text"/>	Fisheries Scientist	Date <input type="text"/>
Revision to: Atlas <input type="text"/> Catalog <input type="text"/>	Habitat Operations Manager	Date <input type="text"/>
Both <input type="text"/>	AWC Project Biologist	Date <input type="text"/>
Revision Code: <input type="text"/>	GIS Analyst	Date <input type="text"/>

OBSERVATION INFORMATION

Species	Date(s) Observed	Spawning	Rearing	Present	Anadromous
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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

Name of Observer (please print):

Signature:  Date:

Agency:

Address:

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 11/13

Name of Area Biologist (please print):