

**PERMIT ALTERATION REQUEST**

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**STATE OF ALASKA  
DEPARTMENT OF FISH AND GAME  
PRIVATE NONPROFIT PROGRAM**

**I. IDENTIFICATION OF APPLICANT**

**A. Applicant Information**

Lauren Deal, Manager  
Applicant Name

KRAA

Organization

104 Center Ave, Suite 205  
Address

229-234-9413 ext. 1

Phone Number

Kodiak

AK

99615

City

State

Zip

**B. Hatchery Information**

Kitoi Bay Hatchery

Hatchery Name

29

PNP Permit Number

**II. STATEMENT OF APPLICANT'S GOALS AND OBJECTIVES**

- A. Describe the nature of the requested alteration, why you have decided to request it, and what you generally expect to accomplish by the expansion of your program, including answers to the following questions. Will the proposed project affect wild salmon stocks or existing fisheries? How will a significant contribution to common property fisheries be made? How will potential effects and interactions between introduced or enhanced stocks and wild stocks be assessed? What marking and recovery studies are being proposed that will allow the project to be evaluated? What are the potential benefits to fisheries or wild stocks from the proposed project? Has this project been discussed with the department's area or regional management biologists? (Attach additional pages as necessary.)

This request seeks to change the release of 40,000 coho from a lake release to a saltwater netpen for imprinting and release. No new production is requested. Currently, Kitoi Bay Hatchery produces approximately 40,000 Coho presmolt for stocking into Katmai Lake, above the Native Village of Ouzinkie. Traditionally, these fish are outstocked in October. In talking with representatives from Ouzinkie, there are some concerns about Katmai Lake's suitability for continued stocking. These concerns include; silting in of the lake, excess vegetation growth, and numerous beaver dams blocking downstream migration. In response to this, and in an effort to support subsistence fishing by members of the Ouzinkie community, Kitoi would like to transfer these 40,000 fish to the Ouzinkie boat harbor in the spring for imprinting in a saltwater net pen and release at the boat harbor location. There is an established net pen site for imprinting Sockeye in the harbor, and the same infrastructure would be used to transport and

imprint the fish. This was discussed at the fall, 2023 Kodiak Regional Planning Team meeting, and no concerns were noted. Benefits of this alteration would likely also accrue to other common property fisheries as well as the direct benefit to the subsistence users in Ouzinkie. Impacts related to wild salmon stocks and/or existing fisheries are expected to be minimal for this alteration to an existing project. There is some likelihood the saltwater netpen imprinting and release will increase overall survival and returns which will be a benefit to all users; however, there are no wild salmon stocks on Spruce Island where the Village of Ouzinkie is located or proximate to the release location.

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**III. IMPACTS ON EXISTING HATCHERY PROGRAM**

**A. Present Permitted Capacity**  
(numbers of green eggs by species)

Pink	<u>215 million</u>	Coho	<u>2.3 million</u>
Chum	<u>36 million</u>	Chinook	<u>0</u>
Sockeye	<u>850,000</u>	Other N/A	<u></u>

**B. Capacity After Request**  
(numbers of green eggs by species)

Pink	<u>215 million</u>	Coho	<u>2.3 million</u>
Chum	<u>36 million</u>	Chinook	<u>0</u>
Sockeye	<u>850,000</u>	Other N/A	<u></u>

**C. Water Use**

**1. List the total amount of water available and the source.**

22 CFS (9.8 CFS shallow water, 12.2 CFS deep water)

**2. List the amount of water presently being used.**

14.57 CFS (7.3 CFS shallow water, 7.27 CFS deep water)

**3. List the additional amount of water needed for this alteration.**

0 CFS

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**IV. HATCHERY DESIGN**

- A. Please provide a detailed description of new facilities needed with this alteration (e.g., buildings, incubators, rearing space, piping, etc.). This description should represent a solid concept of the proposed hatchery changes/expansion. Drawings showing the layout of new structures should be attached when appropriate.

No new facilities needed.

**V. DECLARATION AND SIGNATURE**

I declare that the information given in this application is, to my knowledge, true, correct, and complete.

Tina M. Fairbanks, Executive Director      2/14/2024  
Name of Applicant      Date Signed

Tina M. Fairbanks  
Signature of Applicant