

Nomination Form Anadromous Waters Catalog & Atlas

AWC Number of Water Body: (If known) Name of Water Body: (If known) For Official Use Only) Nomination #: Fisheries Scientist Date Fisheries Scientist Date Revision(s) to: Fisheries Scientist Date For Official Use Only) Nomination #: For Official Use Only) Nomination #: Fisheries Scientist Date For Official Use Only) AWC Project Biologist Date For Isla deservations, please growthe the upper most point (Last Long) where any two individuals of observed species of his stage were descentenable. Please use Decimal Degree's with a minimum of 3 decimal please. Please was Napplemental Information For If you need more room for species observation data and continued and continued for the continued of the continued for the continued of the continued for the continued of the continued for the	OF FISH AN					
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For fish observations, please provide the upper most point (Lat/Long) where any two individuals of observed pecies & life stage were documented. Please use Decimal Degree's with a minimum of 3 decimal places. Please see Supplemental Information Form if you need more room for species observation data and comments. Species Date Observed Latitude Longitude Anadomnous Adult Anadomnous Presence Seawning Rearing Rearing Rearing REART: Provide all supporting documentation that this water body is important for the spawning, rearing or migration of anadomnous fish species, including, number of fish observed; photographs of each species & little of or captured; sampling methods, duration and location(s) samplest; copies of data sheets and/or field notes, etc. Please attache a copy of a may showing location of lower and upper observed extents of each species & in so other pertinent information such as specific locations of stream reaches where spawning or rearing individuals were observed or captured, and the location, type and heights of any barriers to fish fish passage, etc. Imments: Date For Official Use Only, Signature of Area Biologist Date For Official Use Only, Signature of Area Biologist	Davisian Cada(a)			AWC Project Biologist	I	Date
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Name of Area Biolgist (Please Print):



Nomination - Supplemental Information Form Anadromous Waters Catalog & Atlas

For Official Use Only
Nomination #:
Revision Year:

AWC	#
(if known)

Name of Water Body:

(if known)

This supplemental information sheet is provided for when there are more observations, locations, and or species and life-stage information than can be documented in the one page Nomination Form.

For location description, please provide latitude and longitude of the upper most point that two individuals of any observed species and life-stage were documented. Please use Decimal Degrees with a minimum of 5 decimal places.

Waypoint <u>ID</u>	<u>Date</u> <u>Observed</u>	<u>Species</u>	<u>Latitude</u>	<u>Longitude</u>	Adult <u>Anadromous Presence</u> <u>Spawning Rearing</u>	Observation Notes Mortalities, Deformities, Disease, Behavior, Habitat, Etc.

Comments: