



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

Nomination Form  
Anadromous Waters Catalog & Atlas

Region:  USGS Quad(s):

Nomination proposes the following revisions:  
(check all that apply) ☐ Addition ☐ Correction ☐ Deletion ☐ Supporting Information

AWC Number of Water Body:   
(if known)

Name of Water Body:   
(if known) ☐ Official USGS Name ☐ \*Local or Unofficial Name

For Official Use Only

Nomination # : \_\_\_\_\_  
Revision Year : \_\_\_\_\_  
Revision(s) to: Atlas ☐ Both ☐ Catalog ☐  
Revision Code(s) : \_\_\_\_\_

\_\_\_\_\_  
Fisheries Scientist Date  
\_\_\_\_\_  
Habitat F&G Coordinator Date  
\_\_\_\_\_  
AWC Project Biologist Date  
\_\_\_\_\_  
GIS Analyst Date

For fish observations, please provide the upper most point (Lat/Long) where any two individuals of observed species & life stage were documented. Please use Decimal Degree's with a minimum of 5 decimal places. Please see Supplemental Information Form if you need more room for species observation data and comments.

| Species | Date Observed | Latitude | Longitude | Anadromous               | Adult Presence           | Spawning                 | Rearing                  |
|---------|---------------|----------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
|         |               |          |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |               |          |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |               |          |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |               |          |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |               |          |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT:** Provide all supporting documentation that this water body is important for the spawning, rearing or migration of anadromous fish species, including; number of fish observed; photographs of each species & life stage observed or captured; sampling methods, duration and location(s) sampled; copies of data sheets and/or field notes, etc. Please attach a copy of a map showing location of lower and upper observed extents of each species & life stage, as well as 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.

Comments:

Observers Signature

Observer Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) \_\_\_\_\_  
Agency or Organization: \_\_\_\_\_ Signature of Area Biologist Date \_\_\_\_\_  
Address: \_\_\_\_\_ Name of Area Biolgist (Please Print): \_\_\_\_\_



**State of Alaska**  
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**Nomination - Supplemental Information Form**  
**Anadromous Waters Catalog & Atlas**

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AWC #:  
(if known)

Name of Water Body:  
(if known)

Nomination #: \_\_\_\_\_

Revision Year: \_\_\_\_\_

*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.*

| <u>Waypoint</u><br><u>ID</u> | <u>Date</u><br><u>Observed</u> | <u>Species</u> | <u>Latitude</u> | <u>Longitude</u> | <u>Anadromous</u>        | <u>Adult</u><br><u>Presence</u> | <u>Spawning</u>          | <u>Rearing</u>           | <u>Observation Notes</u> <small>Mortalities,<br/>Deformities, Disease, Behavior, Habitat, Etc.</small> |
|------------------------------|--------------------------------|----------------|-----------------|------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------|
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |
|                              |                                |                |                 |                  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                        |

Comments: