



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

Nomination - Supplemental Information Form  
Anadromous Waters Catalog & Atlas

For Official Use Only

AWC #:  
(if known)

Nomination #:

Revision Year:

Name of Water Body:  
(if known)

Anaktuvuk River

This supplemental information sheet is provided for when 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 ID	Date Observed	Species		Latitude	Longitude	Anadromous	Adult Presence	Spawning	Rearing	Observation Notes <small>Mortalities, Deformities, Disease, Behavior, Habitat, Etc.</small>
0015	9/13/23	chum salmon	▼	69.294596	-151.011456	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 chum observed in side slough from helicopter
0020	9/13/23	chum salmon	▼	69.315216	-151.005951	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9 chum from air, sample Location #1 5 fish caught and sa
0024	9/14/23	chum salmon	▼	69.396310	-151.069942	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6 live 1 dead, begining point for sample location #2, 24 fis
0027	9/14/23	chum salmon	▼	69.397095	-151.078488	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	end point of sample slough #2. 24 fish sampled here.
0029	9/14/23	chum salmon	▼	69.419910	-151.108715	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 chum spotted further downstream from sample location
						<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: